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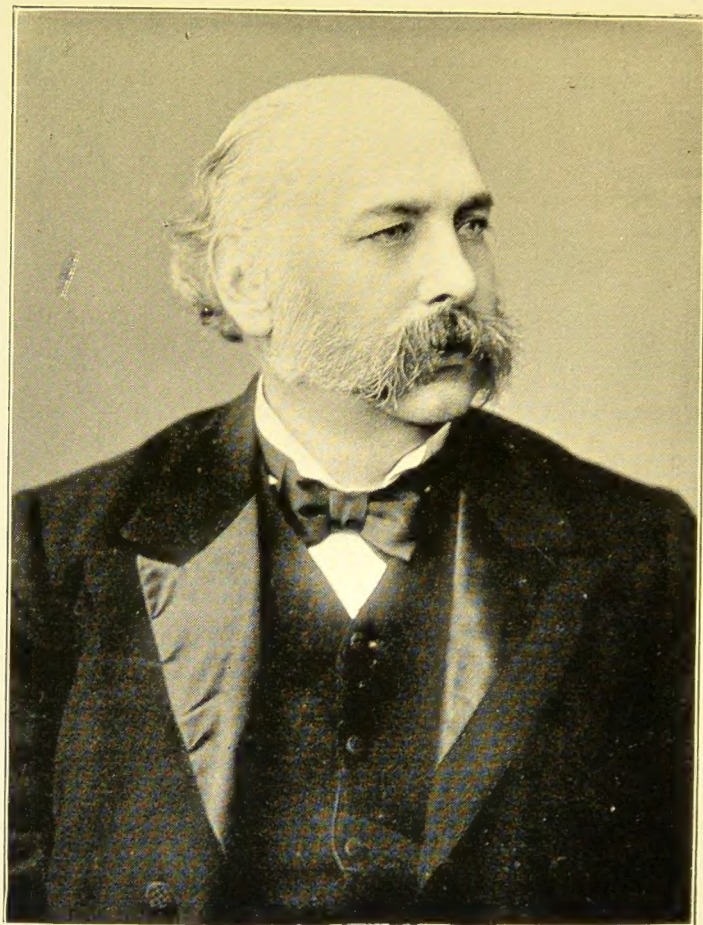
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MAD HUMANITY

ITS FORMS

APPARENT AND OBSCURE



*L. Forbes Wriston.
M. B. Camb. D. C. L. Oxon.*

From a Photo by Messrs. Bassano, 25 Old Bond Street, London, W.

MAD HUMANITY

ITS FORMS APPARENT AND OBSCURE

BY

L. FORBES WINSLOW

D.C.L. OXON. ; M.B., LL.M. CAMB. ; VICE-PRESIDENT OF THE MEDICO-LEGAL
CONGRESS, NEW YORK, AND CHAIRMAN OF THE PSYCHOLOGICAL
DEPARTMENT, 1895 ; LATE LECTURER ON INSANITY
AT CHARING CROSS HOSPITAL, LONDON

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THIS WORK IS DEDICATED

BY HIS FRIEND AND ADMIRER

THE AUTHOR

TO

Professor Cesare Lombroso

Professore di Clinica Psichiatrica
della Università di Torino

WHOSE WRITINGS HAVE ENRICHED THE WORLD OF

LITERATURE AND MEDICINE

NOT ONLY IN HIS OWN COUNTRY

BUT IN ALL PARTS OF THE UNIVERSE

AS A MARK OF AFFECTION AND ESTEEM

FOR HIS DISTINGUISHED TALENTS

AND HIGH WORLD-RENOWNED PROFESSIONAL ATTAINMENTS

AND HIS ORIGINAL INVESTIGATIONS

IN THE SCIENCE OF PSYCHOLOGICAL MEDICINE AND CRIMINOLOGY.

WHO, IN ACCEPTING THE DEDICATION,

WROTE AS FOLLOWS :—

“J'accepte, avec une grande satisfaction, de lier mon nom au
vôtre, bien connu depuis un siècle par vous et par celui
de votre père qui premier a inspiré mes pas dans la
psychiatrie et dans la pathologie, où vous
avez laissé des traces si profondes.

(Signé) CESARE LOMBROSO.”

9th March 1898.

“For, to define true madness,
What is’t but to be nothing else but mad?”
SHAKESPEARE.

“There is a pleasure sure in being mad,
Which none but madmen know.”
DRYDEN.

“What, I may be asked, is my test of Insanity? I have none. I know of no unerring, infallible, and safe rule or standard, applicable to all cases.”—FORBES B. WINSLOW, D.C.L. Oxon. (Hon.).

“Of lunacy,
Innumerable were the causes: humbled pride,
Ambition disappointed, riches lost,
And bodily disease, and sorrow oft
By man inflicted on his brother man;
Sorrow, that made the reason drunk, and yet
Left much untasted. So the cup was filled.”
POLLOK.

“I have bethought myself,
To take the basest and the poorest shape,
That ever penury, in contempt of man,
Brought near to beast: my face I’ll grime with filth;
Blanket my loins; put all my hair in knots;
And with presented nakedness out-face
The winds, and persecutions of the sky.”
SHAKESPEARE.

PREFACE

THE object I have in view in writing this book is to place before my readers the most important features and characteristics of a terrible complaint, which is causing much suffering and misery at the present day. A question, which has come before the consideration, on more than one occasion, of the House of Commons, as to the alarming increase of insanity, is sufficient excuse for my drawing public attention to such a vital matter.

I have endeavoured to show that the increase of insanity, which has been of a progressive nature for many years, is real and not apparent. I have clearly shown that much of this increase is due to that terrible vice, indulgence in alcohol, and the facts, as placed before my readers, and the cases illustrative of this point, I consider to be conclusive. I have compared the condition of the insane, as it existed a century ago, to what it is at the present moment; I have avoided all legal and medical considerations

of the subject, and I have endeavoured to be as free as I possibly can from technicalities. I have drawn attention to the more common forms of mental disorder, and to those which are liable to be of everyday occurrence, and to obscure and unrecognised cases. I have given a large number of examples, the majority of which have come under my own observation, to illustrate the strange mental features in the individual chapters. No names are given, except those who have brought themselves within the pale of the law, and whose cases have been publicly reported in the daily press.

With regard to the photographs, I have obtained these from asylums I have visited on the Continent, and they are the most typical ones I could find to represent the respective forms of mental degeneration I am describing.

As to the handwriting, the majority of the specimens are those of inmates of lunatic asylums at the present moment, and whose cases are classified under the respective heads in which I give them. I have said a good deal about the incipient and premonitory symptoms of insanity. I have entered fully into the question of Madness and Genius, and endeavoured to bring this matter up to date, and in these views I am in accord with Professor Lombroso, of Turin, with whom I have had an oppor-

tunity of discussing the question. In my last chapter I have shown the degeneration of the human race to be in gradual and sad progression. I have avoided a lengthy discussion of crime; this is not my object in this book. In a future work I am writing, on the *Insanity of Passion and Crime*, the matter shall receive my fullest consideration. I hope that this production will be followed by much good, and will be the means of enabling some to detect the incipient progress of mental diseases, and that it may be of interest to others engaged in the sacred duty of the consideration and well-being of those whose minds have become mentally afflicted, and who, by the early recognition of the malady, may, by taking prompt measures, prevent a further increase in this disease. In conclusion, I present this book, with the conviction that it may be the means of benefiting humanity in general, and thus enable some to—

“Fetter strong madness in a silken thread,
Charm ache with air, and agony with words.”

L. FORBES WINSLOW.

33 DEVONSHIRE STREET, PORTLAND PLACE,
LONDON, W., *September* 1898.

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CHAPTER I

MADHOUSES—THEIR PAST HISTORY

THERE are few-subjects that can engage the serious attention and consideration of the friend of humanity of more importance and at the same time of more painful interest than the condition of the insane.

The feelings of every one who is in the enjoyment of that greatest of earthly blessings, a *mens sana in corpore sano*, are enlisted on behalf of the poor soul who, bereft of nature's light and guide, is degraded below his species, and reduced to the level of the beast which perisheth.

Man's boasted prerogative denied, the hapless lunatic wanders, frail and uncared for, on the shores of this great universe, depending for very existence upon the sympathy of those more fortunate. He is but a child in their hands, and the responsibility is a great one, to win him back to light and reason by kindness and protection.

The history of lunatic asylums in the past, their management, the condition and care of the insane, is such a blot upon our civilisation, that it is well a description should be given of it, so as to compare the

past with the present, and the history of asylums at the commencement of the century with that of the present time. It is a curious question as to what became of persons of unsound mind in the days of old. The ancients made no provisions for their care or treatment, and we read of no public or private hospitals for their safe custody or maintenance. But as this applied not only to the insane, but to ordinary sick people, this is not to be wondered at. The first general hospital is ascribed to the Christian era. At the end of the fourth century, Fabiola, a pious Roman lady, founded an institution to receive the sick and poor.

The first hospital for the insane was established in 491. This was at Jerusalem. History fails to divulge what took place between that date and the twelfth century, when there was founded a large building at Bagdad, called "Dal Almeraphtan," or "House of Grace." In this place those who had lost their reason were received and kept in chains until they recovered. This place was visited by the magistrates monthly, with the view of liberating those who had recovered.

Under the feudal system of this country, the supreme lord seized upon the property belonging to those mentally incapacitated, and applied it to his own private use. This practice continued for some time. We have no exact evidence when a change took place. Magna Charta makes no allusion to it, and history reveals nothing.

In Edward I.'s reign we are informed that certain persons, called Tutores, had the custody of the lands of lunatics. In the subsequent reign

was passed the Act *De Praerogativa Regis*, one clause in which enacts that "the king shall have the custody of the lands of natural fools, taking the profits of them without waste or destruction, and shall find them with necessaries of whose fee soever the lands be so holden; and after the death of such idiots, he shall render it to the right heirs, so that such idiots shall not alien, nor their heir be disinherited." Also "the king shall provide, when any that before time hath had his wit and memory happens to fail of his wit, as there are many *per lucida intervalla*, that their lands and tenements shall be safely kept without waste and destruction, and that they and their households shall be maintained comfortably with the profits of the same; and the residue shall be kept for their use, to be delivered unto them when they come to be of right mind." The king, it is assumed, had jurisdiction, not only over those born insane, but also over ordinary lunatics. Hence the duty of providing and taking care of those of unsound mind devolved originally on the king, in his capacity as *parens patriae*, as a recompense which every subject owed him; the king was responsible for the safe guardianship of the lunatic, in the same way as the Lord Chancellor is at the present day.

The care of the lunatic is, then, really a "State" trust, and the Chancellor now represents in this capacity of trust the Sovereign. We may perceive, therefore, that the primary object of legislation in the earlier times was to protect the property and person of the lunatic. Little, if any heed, however, was paid to the medical or moral treatment. We have abundant evidence of cruelty before the establishment of

recognised lunatic asylums. They were frequently thrown into prison, and their delusions and hallucinations, from a misconception of their nature, caused them to be put to death.

The oldest hospital for the insane in Europe is Bethlem Hospital. Henry VIII. in 1547 seized upon the institution, which up to that time had been used for a monastery, and presented it, with all its revenues, to the City of London as a residence for lunatics. This was absolutely the first establishment for the insane founded in England.

• In 1644 Bethlem was enlarged.

In 1675 the new building of Bethlem was completed, the design being taken from the Tuileries in Paris, at a cost of £17,000, the accommodation then being for 150 patients; two additional wings were added in 1734, and in 1751 the Hospital of St. Luke, situated in the City of London, was erected; and in Manchester, York, and other large cities, hospitals and asylums for the insane were established.

• The first asylum in France was founded in 1600 at Marseilles. In Paris both rich and poor lunatics were sent to the Hotel Dieu. It was only after a visit to Bethlem, that the authorities realised the expediency of public asylums. A pamphlet was published giving an account of the visit, and from that time throughout all the provinces of France and England asylums began to be established.

Private asylums now came into existence, as it was found that the relations and friends of the rich who were mentally afflicted required more privacy and more comfort than those supported by charity.

In the reign of Elizabeth, notwithstanding the

existence of asylums, and the more civilised recognition of lunacy, three unhappy persons mentally afflicted were hanged. These were Arthington, Coppenger, and Hacket. The offence of the former was that he was under a delusion that Coppenger was a prophet of mercy, and that Hacket was king of Europe, who were destined to go before him "to separate the sheep from the goats." Another lunatic, named Venner, was under the delusion that all human government was about to cease, and proclaimed our Saviour King in the public streets. He was followed by a rabble, who were attacked by the militia and taken prisoners. He was executed in 1660, protesting his belief that Cromwell and Charles II. were Christ's usurpers, whilst twelve of his followers under the same delusion shared his fate.

The porter of Oliver Cromwell, named Daniel, met with more gentle treatment. He became deranged whilst poring over mystical books of divinity, and was for many years incarcerated in Bethlem, from one of the windows of which he frequently preached, chiefly to females, who would often sit for many hours under his window very busy with their Bibles turning to the texts he quoted.

The extraordinary manner in which the insane were regarded at this time is strangely illustrated by a perusal of the *Proceedings of the Royal Society*. Experiments were being made, in 1660, in the transfusion of blood. An account had been sent to the Royal Society of two experiments made in Paris, before the Academy of Sciences, upon a youth and an adult, whose veins were opened and injected with the blood of lambs. The experiment was followed by so

much success that the Society became anxious to perform it upon an individual. Sir George Ent suggested that it would be advisable to do so upon some mad person at Bethlem. This proposal met with the unanimous consent of the Royal Society. A Committee of the Society was appointed, who were instructed to call upon Dr. Allen, Medical Superintendent of Bethlem Hospital, to produce a lunatic for that purpose. He, however, declined to comply with their request. The Committee reported "that Dr. Allen scrupled to try the experiment on any of the mad people at Bethlem." They were then ordered to consider how the experiment might be conveniently tried.

In Paris they were not so regardful for the insane, as the same operation was attempted by M. Denis and le Seur Emerez on a poor lunatic, who died during the operation in their arms.

Even at this time, there was a superstitious dread and feeling so far as the insane were concerned, and in a letter from Horace Walpole to the Countess of Ossory between 1769 and 1797 we read: "One project," says Horace Walpole during the Gordon riots, "of the diabolical incendiaries was to let loose the lions in the Tower and the lunatics in Bethlem. The latter," he adds, "might be from a fellow-feeling with Lord George; but cannibals do not invite wild beasts to their banquets."

During the early days of either Bethlem, or the Bicêtre, which corresponded to it in Paris, we find a sad deficiency in the medical and moral treatment. This was because, at this early period, the nature of the disease was but little understood, the chief and

primary object apparently being to secure the safe custody of the lunatic, regardless of every other consideration. Let us for a moment take as an example Hogarth's celebrated picture, the *Scene in a Mad-house*, the culminating point in retribution which awaited the "Rake's progress." It is here depicted with consummate skill. We behold the interior of Bethlem, not as it now exists, but as the imagination of the artist beheld it, when no attention was paid to classification, whilst instruments of coercion were the only means adopted to restrain violence.

The hero of the situation is there seen chained by the leg, lying naked on the ground, tearing himself in a state of fury to pieces; while he is supported by the unhappy female, who he has himself betrayed so cruelly, but who still follows him throughout all the vicissitudes of his evil fortune. Near to him is a poor lunatic gazing through a roll of paper, as if through a telescope, and before him a crazy tailor playing with his measure and looking wildly at the mad astronomer, wondering, through excess of ignorance, what discoveries the heavens can possibly afford. Upon one side we observe another lunatic who imagines that he is the Pope, and is saying mass in a pompous style; and opposite to him another with his head encircled with a straw crown of royalty, who fancies himself "every inch a king." All the figures are painfully true to nature, and in the midst of this dreary scene may be observed two gaily-dressed ladies, brought thither by an idle desire to gratify their curiosity, whilst they gaze on the melancholy and deplorable sight around them. Visitors to Bethlem in the olden time used to be charged a certain sum for admission,

and a revenue of £400 per annum was paid for the indiscriminate admission of visitors. In 1770 it was considered that, though this sum benefited the funds considerably, it counteracted its grand design, as it tended to excite and disturb the tranquillity of the patients. It was therefore decided to no longer exhibit the hospital to the public, unless an order for admission be properly obtained.

Henry Mackenzie has given the following graphic, but no doubt true account of the interior of Bethlem in the *Man of Feeling*. He says: "Of those things called 'Sights in London,' which every stranger is supposed to be desirous of seeing, Bethlem is one. To that place, therefore, an acquaintance of Harley's, after having accompanied him to several other shows, proposed a visit. Harley objected to it, 'because,' said he, 'I think it an inhuman practice to expose the greatest misery with which our nature is afflicted to every idle visitant who can afford a trifling perquisite to the keeper, especially as it is a distress which the humane must see with the painful reflection that it is not in their power to alleviate it.' He was overpowered, however, by the solicitations of his friend and other persons of the party (amongst whom were several ladies), and they went in a body to Moorfields. Their conductor led them first to the dismal mansions of those who are in the most horrid state of incurable madness. The clanking of chains, the wildness of their cries, and the imprecations which some of them uttered, formed a scene inexpressibly shocking. Harley and his companions, especially the female part of them, begged their guide to return. He seemed surprised at their uncasiness, and was with

difficulty prevailed upon to leave that part of the house without showing them some others, 'who,' as he expressed it, in the phrase of those who keep wild beasts for show, 'were much better worth seeing than any they had passed, being ten times more fierce and unmanageable.' He led them next to that quarter where there reside those who, as they are not dangerous to themselves or others, enjoy a certain degree of freedom according to the state of their distemper. Harley had fallen behind his companions, looking at a man who was making pendulums with bits of thread and little balls of clay. He had delineated a segment of a circle on the wall with chalk, and marked the different vibrations by intersecting it with crossed lines. A decent-looking man came up, and, smiling at the maniac, turned to Harley and told him that the patient had once been a celebrated mathematician. 'He fell a sacrifice,' he said, 'to the theory of comets; for having, with infinite labour, formed a table on the conjectures of Sir Isaac Newton, he was disappointed in the return of one of those luminaries, and was very soon obliged to be placed here by his friends.' "

The keeper pointed out to Harley various other patients suffering from remarkable delusions, and the visit to Bethlem concluded with one of the most beautiful and pathetic descriptions that could be given.

"Separate from the rest stood one whose appearance had something of superior dignity. Her face, though pale and wasted, was less squalid than those of others, and showed a dejection of that decent kind which moves our pity unmixed with horror; upon

her, therefore, the eyes of all were immediately turned. The keeper who accompanied them observed it. 'This,' said he, 'was a young lady who was born to ride in her coach-and-six. She was beloved, if the story I have heard be true, by a young gentleman, her equal in birth, but by no means her match in fortune; but love, they say, is blind, and so she fancied him as much as he did her. Her father, it seems, would not hear of their marriage, and threatened to turn them out of doors if ever she saw him again. Upon this, the young gentleman took a voyage to the West Indies, in the hopes of bettering his fortunes and obtaining his wife, but he was scarce landed, when he was seized with one of those fevers which are common to those islands, and died in a few days, lamented by every one that knew him. The news reached the lady, who was at the same time pressed by her father to marry a rich, miserly fellow, who was old enough to be her grandfather. The death of her lover had no effect on her inhuman parent, he was only the more earnest for the marriage with the man he had provided for her; and what between her despair at the death of the one, and her aversion to the other, the poor young lady was reduced to the condition you see her in. But God would not prosper such cruelty; her father's affairs soon afterwards went to wreck, and he died almost a beggar.' Though this story was told in very plain language, it had particularly attracted Harley's notice; he had given it the tribute of some tears.

"The unfortunate young lady had till now seemed entranced in thought, with her eyes fixed on a little garnet ring she wore on her finger; she turned them

now upon Harley—‘My Billy is no more,’ said she. ‘Do you weep for my Billy? Blessings on your tears! I would weep, too, but my brain is dry, and it burns—it burns—it burns!’ She drew near to Harley. ‘Be comforted, young lady,’ said he, ‘your Billy is in heaven.’—‘Alas! I am grown haughty of late, I have almost forgotten to think of heaven: yet I pray sometimes—when I can, I pray; and sometimes I sing; when I am saddest, I sing—you shall hear me—hush!—

‘Light be the earth on Billy’s breast,
And green the sod that wraps his grave.’

There was plaintive wildness in the air not to be withstood, and, except the keeper, there was not an unmoistened eye around her. ‘Do you weep again?’ said she; ‘I would not have you weep. You are like him, believe me; just as he looked when he gave me this ring. Poor Billy!—

‘’Twas the last time we ever met.
’Twas when the seas were soaring.’

I love you for resembling my Billy, but I shall never love any man like him.’ She stretched out her hand to Harley; he pressed it between both of his, and bathed it with his tears. ‘Nay, that is Billy’s ring,’ said she; ‘you cannot have it, indeed; but here is another—look here, which I plaited to-day, of some gold thread from this bit of stuff; will you keep it for my sake? I am a strange girl, but my heart is harmless; my poor heart, it will burst some day—feel how it beats.’

“She pressed his hand to her bosom, then, holding her head in the attitude of listening,—‘Hark! one!

two! three! Be quiet, thou little trembler! My Billy is cold! But I had forgotten the ring.' She then put it on his finger. 'Farewell! I must leave you now.' She would have withdrawn her hand—Harley held it to his lips. 'I dare not stay longer; my head throbs sadly—farewell!' She walked with a hurried step to a little apartment at some distance. Harley stood fixed in astonishment and pity; his friend gave money to the keeper. Harley looked at his ring. He put a couple of guineas into the man's hand. 'Be kind to that unfortunate.' He burst into tears and left them."

The condition of lunatic asylums, not only in England, but in France, Italy, and Germany, until they became properly organised and their management better understood, was very deplorable. In 1820 Esquirol, a great physician of that day, visited the French asylums, and found them literally dungeons of filth and wretchedness. When he visited the Salpêtrière, a large asylum in Paris, he was horrified at seeing one of the unfortunate patients lying in a state of nudity on the bare ground, with scarcely sufficient straw to cover him.

I have no intention in this work of discussing at length the important subject of Lunacy Legislation, for the simple reason that, inasmuch as we are yearly threatened with some sort of amendment in the law, I have no desire to do so. I will capitulate briefly the chief Acts of Parliament passed from the earliest time when we find any legal enactment dealing with the question.

The first provision we have for the protection of the insane is in the Vagrant Act, 1744, and con-

tains a section which legally deals with those persons "furiously mad, or so far mentally afflicted as to be dangerous if left at large." By this section two justices of the peace could issue a warrant for the arrest of such a person, who was to be locked up in a secure place, and if it was found necessary he was to be chained and confined in his own parish, and if in possession of property it was to be expended on his maintenance.

In 1763 a Committee of the House was appointed to inquire into the condition of the insane. Evidence was given before the Committee, and it was stated by two persons, proprietors of a notorious private asylum, "that during the six years they had resided in the asylum, they had never admitted a single patient of unsound mind into the house; and that the patients received were drunkards and sane people, placed there by their friends and treated like lunatics." The result of this investigation was the following resolution passed by the Committee: "That it is the opinion of this Committee that the present state of madhouses requires the interposition of the Legislature." A discussion arose in the House, but nothing was done until 1773, in which year was passed the first Act for the "Regulation of Madhouses." This was introduced by Mr. Townsend. It contained numerous sections appointing five Fellows of the Royal College of Physicians, elected by the President and members, as Commissioners in Lunacy, for a limited period of three years. No change was attempted until 1813, when a Bill was thrown out, to be followed by another in 1814; this was passed by the Commons, but thrown out by the Lords. Another Committee was appointed

in this year to consider the subject, and their report was presented to the House in 1815. Nothing came of their deliberations, and it was not until 1828 that a new Act was passed, introduced by Mr. Gordon. This was seconded by Lord Shaftesbury, then Lord Ashley, who for many years was Chairman of the Board of Lunacy Commissioners, and gave much of his valuable time to improving the condition of the insane. This Act was amended in 1833, and in 1844 Lord Shaftesbury introduced his Act, which continued to be law until the passing of the present Lunacy Law. This was passed after the deliberations of another Committee of the House, which sat in 1877, and culminated in the present Act of 1890. I will not comment upon this Act; as I have previously stated, I believe it is about to be amended, and stale law is worse than useless.

The evidence given before the Select Committee of the House of Commons in the years 1815, 1816, and 1827 furnish us with ample details of the way in which the insane were then treated. At the county asylum at York public inquiry elicited that there were concealed rooms in the hospital, unknown even to the governors of the asylum; and that patients slept in these rooms, which were saturated with filth, and totally unfit for the habitation of human beings. Thirteen female patients were crowded in a room twelve feet by seven, the male keepers had access to the female wards, and much immorality prevailed. One patient, a clergyman, was kicked downstairs by a keeper, while his wife was insulted by them with indecent language, in order to deter her from visiting him. Another patient, a gentleman, disappeared and

was never afterwards heard of again. Four patients were supposed to be burned to death (the asylum having been found to be on fire, a few days after a general investigation of it had been directed), and there were several patients of whom no account could be given. At this time there was only one medical officer, who was the "sole physician, the sole visitor, and the sole committee." One patient, who had been kept naked for a week in a dark room, could only obtain a shirt by the promise of a bribe of five shillings to the keeper. The patients at that time were left to the caprice of ignorant and brutal attendants.

When Bethlem Hospital was examined in 1816, female, as well as male patients, were chained to the walls, covered only with a blanket formed into something like a gown. One man, named Norris, whose case is well known, was kept in chains for fourteen years without the smallest interval of liberty. Stout iron rings were riveted round his arms, body, and neck, the latter being made to slide upwards and downwards on a massive iron bar inserted in the wall. And he was placed under the care of a keeper who was almost always drunk, but who nevertheless retained his situation for years. Patients were chained not only for safety sake, but for punishment. It would appear, from the evidence taken, that little, if any, medicine was administered with the exception of a certain "powder." The inmates numbered 122; the doctor did not reside in the hospital, but visited for one hour every day. The system of treatment consisted chiefly of bleeding during the spring months. A certain day was appointed for this which depended very much upon the weather. The patients were at

one time left to the care of a surgeon, who himself was "generally insane and mostly drunk."

The condition of St. Luke's Hospital was also inquired into about the same time. It was the custom here to keep the patients in bed when "their things had been sent to the wash," and pending their return, when they were put on again. At the inspection in 1816, it was found that the walls were in a filthy condition, not having been whitewashed for five years; the day-rooms were crowded, ill-ventilated, and highly offensive, there was not a proper supply of attendants, there was no classification, and no employment.

The horrors seem to have increased as we proceed further on. On inquiry as to the condition of two other asylums, it was found that many of the pauper patients were chained to the bed by their legs, naked, and only covered with a hempen rug. That some of these hopeless wretches were chained to a straw bed, with only a rug to cover them, and in no way protected from the external cold. The evidence taken in 1816 went on to say that patients were subjected to brutalities from the attendants, that they suffered much from the cold, one patient having lost her toes from mortification, and that they were infested with vermin. In 1827, before the Committee, it was further stated that patients were chained to their cribs, naked upon straw, and confined there without intermission from Saturday night until Monday morning, and this in November and in frosty weather. It was admitted here that there was no medicinal treatment for insanity, and there was no attempt at classification, the noisy cases being placed with the quieter ones. It appeared that for 170

patients there was only *one towel per week* allowed, and no soap; that there was no medical resident, and that another house containing 500 patients was visited only twice or thrice a week by a doctor. By referring to the evidence given before the various Lunacy Committees of the House, I think I have sufficiently shown the terrible condition of the insane even so near as 1827.

The outcome of this inquiry was, as I have stated, the Lunacy Bill of Mr. Gordon, who, when introducing it, stated, "That in Holland, France, Italy, and even Spain, there were establishments for the reception of lunatics, which were the subject of envy and admiration." By this new Act, Commissioners in Lunacy were appointed, patients were properly visited, asylums inspected four times a year, all facts concerning admission, discharge, or death of an inmate had to be notified to the Commissioners, and each asylum, containing more than 100 patients, was required to have a resident medical officer. Proper certificates were required previous to admission, and things were being placed on some sort of proper footing for the proper management of asylums and the insane.

I now propose to consider the condition of the insane, confining my remarks to fifty years ago. At that time lunatics were dispersed in various places, some in private houses, others in private or county asylums, whilst some were in lunatic hospitals, or the infirmaries of workhouses. I speak of the year 1847, at which time there were 23,000 persons registered as being of unsound mind scattered over the country. Of this number 5000 belonged to the higher or middle classes, and about 18,000 to the pauper class.

The Lunacy Act of 1844 was now in full operation, and the improvement in the condition of the insane, which commenced in 1828, had made rapid strides in twenty years. All the barbarities practised at the large pauper asylums had vanished. These institutions were under the inspection of regular committees, whose duties were to investigate each individual case, hear complaints, and examine the condition of the accommodation provided. A report book was kept, and at the quarterly meeting of the Governors this was placed before them. Medical treatment was now followed out in the cure of the insane; classification of the various phases of lunacy was adopted, and restraint to a certain extent became abolished, whilst the diet was plentiful and wholesome.

The frequent visitation of these institutions was answerable, to a large extent, for the rapid improvement which was being made; for a careful and rigid scrutiny contributes, more than anything else, to ensure comfort and cleanliness in such establishments, and secures the good treatment of the inmates.

Private asylums, which were springing up at the time, were also under rigid discipline. The Commissioners were empowered to withhold the license, and this operated as a powerful incentive, as it does now, over the proprietors, and makes them attend to any official suggestions which may be made. What the opinion of the Commissioners was upon this important matter of the regulation of private asylums would be best given by a short quotation from their Report of 1847.

The Commissioners say : “ It is indispensable that powers of supervision should exist in every case ; that they should be vested in persons totally unconnected with the establishment ; and that the visitations should not be limited in point of number, and should be uncertain in point of time, for it is most important to the patients that every proprietor and superintendent should always be kept in expectation of a visit, and should thus be compelled to maintain his establishment and its inmates in such a state of cleanliness and comfort as to exempt him from the probability of censure. We are satisfied from our experience that, if the power of visitation were withdrawn, all or most of the abuses that the Parliamentary investigations of 1815, 1816, and 1827 brought to light would speedily revive, and that the condition of the lunatic would be again rendered as miserable as heretofore.”

In consequence of this careful supervision the Commissioners were able to report at their visit that the patients were humanely, and *sometimes* very judiciously, treated, and that as the result of making frequent inquiries of the patients themselves, they were enabled to at once attend to any complaint effectually and properly.

With reference to the attendants employed they say : “ As, however, lunatic patients are placed very much at the mercy of their attendants, it is most desirable to secure, as far as possible, persons of humane and respectable character as attendants on the insane in every asylum throughout the kingdom.”

A register was established at their office, and all names of male and female attendants engaged or dis-

charged had to be sent there for registration. The general improvement which had taken place throughout the kingdom became manifest, and the Commissioners appeared to be anxious to do all in their power to ensure a proper regulation of these establishments, having but one object in view, the welfare of the inmates.

They felt the responsibility attached to their office, and their Report, issued fifty years ago, shows that the management of asylums, and the treatment of the insane, were gradually, but surely, improving. The horrors of the past had vanished, and the curtain had dropped for ever on the revolting details to which I have felt it my duty to briefly allude in describing "Madhouses and their past history."

CHAPTER II

CONDITION OF LUNACY AT THE PRESENT DAY

SPEAKING generally, there are 101,972 registered persons of unsound mind in England and Wales at the present day. There has been an increase in lunacy of about 2607 as compared with the previous year. In examining the statistical table it will be seen that this increase has been for the last forty years a progressive one, and whereas in 1859 there were 36,762 lunatics, being 18·67 per 10,000 of the population, the number now is 32·48 to the same number. In other words, in 1829 there was one person in every 536 of the population who was regarded as insane. At the present day there is one in every 308, or nearly double. Taking an average of the yearly admissions during the last five years, there is a larger proportion of lunacy among married persons than among single.

Insanity in relation to Marriage.—The following short table presents the amount of insanity in their order :—

1. Married women	.	.	.	.	3963
2. Married men	.	.	.	.	3927
3. Single men	.	.	.	.	3865
4. Single women	.	.	.	.	3713
5. Widows	.	.	.	.	1441
6. Widowers	.	.	.	.	783

Of the various diseases from which patients suffered on their admission into asylums, in their order of frequency, were—

1. Mania	7704
2. Melancholia	4304

The remaining number being made up of dementia and other forms of mental diseases. Madness is much more prevalent in the female sex than in the male, and this coincides with statistics published fifty years ago.

As to the real increase of insanity, the Lunacy Commissioners apparently deny this. Some time back a question was asked in the House of Commons with reference to this important matter, inasmuch as the yearly statistics showed that insanity was gradually increasing. The investigation of the Commissioners resulted in the following statement in their annual Blue Book: "That we have been unable to satisfy ourselves that there has been any important increase of fresh insanity, and that the undoubted large progressive increase in the numbers of officially known persons of unsound mind has been chiefly due to accumulation, the result of the co-operation of several causes which we indicated, among which was a diminished discharge rate."

As the result of my private experience, and in my clinique at the hospital, I must beg to differ from the opinion herein expressed.

The increase of lunacy is real and not apparent. Of this I have not the slightest doubt. This increase in lunacy is not, however, confined to our own country, but it is the same in other parts of the universe,

where the same factor as to "accumulation" does not occur.

Drink is at the head of the real causes both of insanity and crime, though it appears but third in the Commissioners' list, which is heredity (1) and previous attacks (2); but these are not distinct causes, for, in considering "previous attacks," we have first to determine the reason for that "previous" attack, and therefore this can be no actual cause for the insanity *per se*. During the year more than twenty per cent of lunacy admissions were due to drink in the male, and over eight per cent in the female. This is far in excess of any other assignable cause. With regard to hereditary influence, it is over 20 per cent of the admissions in the male, and 26 per cent in the female. In considering these figures, I have taken the yearly average of the last five years, and the figures given are the percentage on the admissions during that period.

The causes of insanity may be divided into (A) moral, (B) physical, each of which may act as an exciting or a predisposing cause. I give them in their order of frequency, and in which I have myself met them.

(A) *Moral Causes of Insanity.*

1. Adverse circumstances, including business and pecuniary difficulties.
2. Domestic troubles, including loss of relatives.
3. Mental anxiety, overwork, and worry.
4. Religious excitement.
5. Love affairs, fright, and nervous shock.

(B) *Physical Causes of Insanity.*

1. Intemperance in drink.
2. Accident or injury.
3. Sunstroke.
4. Privation and starvation.

These are the chief tabulated causes. There is, in addition, insanity produced from various forms of bodily complaints, and other excesses, from old age and hereditary influences, but which, however, need not be tabulated among the distinct causes.

More people have become insane during the month of May, whilst after this comes June and January. The daily average for each of the five months from March to July exceeded the daily average for the whole year. Twenty-nine per cent of maniacal cases occurred during April, of all admissions, whilst melancholia was highest, 18 per cent, in June. In March the daily average in cases of mania was 27 per cent, and in melancholia 15 per cent; this being the lowest of any month. Our inference from this would be that insanity more frequently becomes developed in the spring and summer months, than in autumn and winter.

Of course some of the increase in lunacy may be due to the fact that many poor people, who were formerly kept at home by their friends, are now sent to county asylums, and consequently are registered on the Commissioners' books, and swell up the number on their register.

Drink, as I have previously stated, is the most prominent cause. This vice is so largely on the increase in our country, that it is appalling that no proper legislation has been made to effectually check

it. The habitual drunkard has liberty to go and do what he likes. His children become insane, or themselves inherit the malady of the father. The very mention of "drink" as a cause of insanity damages the lunacy certificate in the opinion of the Lunacy Commissioners, as denoting real lunacy. This is strange, considering that it is recognised by them as such a prominent cause in their tabulated list, and really, from their own showing, should stand at the head of the list. So long as the "uncontrollable drunkard" is allowed to go free and unmolested, so surely must lunacy continue to increase. It is not for me to discuss the law here, but, if I had my way, I would certify as being of "unsound mind" all such individuals, not only for their own benefit, but also for that of society, and of the generations still unborn. The strain of life may have something to do with the increase of lunacy, though I question whether this is greater now than it was fifty years ago. There was the same strain to be contended with then by our ancestors, as by ourselves at the present time; and doubtless they suffered from the same effects as we do now, whilst those who are to follow us will suffer likewise.

The number of lunatics who have died during the year was 7322, and of this number the chief causes were—

1. General Paralysis of the Insane	.	.	1385
2. Pulmonary Consumption	.	.	1064
3. Epilepsy	.	.	349
4. Cerebral Exhaustion	.	.	267
5. Organic Brain Disease	.	.	253
6. Apoplexy	.	.	229
7. Softening of Brain	.	.	148
8. Atrophy of Brain	.	.	111

The remaining varieties were senile decay, other brain diseases, and ordinary bodily complaints to which any one might be liable. From the latter category I have especially signalled out pulmonary consumption, inasmuch as there is a great connection between that disease and insanity, and many of those suffering from chronic brain affections ultimately die of consumption. It is a curious fact that many of the ordinary symptoms found in consumption are generally absent when it develops in a person of unsound mind; and the disease is latent, and sometimes it is years before developing, but when it has once commenced to do so, it is very rapid in its progress.

I have also been able to trace that in many families where consumption existed there has been insanity in previous generations, and where insanity was found that there was a consumptive history. I am therefore not at all surprised at the large number of insane people who die of this disease.

The average age at which death takes place, taking into consideration all registered lunatics who have died during the year, is 49 in the male, and 50 in the female.

In Scotland and Ireland, as in England, the management and the treatment of the insane has improved during the last few years. In Scotland there are 14,906 insane persons, showing an increase of lunacy of 406 as compared with the previous year. In Ireland there are 19,590 persons of unsound mind, and which also shows a gradual increase of 624. In America, there is one lunatic in every 623 of the population, being the smallest ratio that we find.

Statistical reports are carefully drawn up every

year for the purpose of showing the proportion of the insane to the whole population of different countries. These calculations have been made for the most part in Europe, and in the civilised parts of the world. From a careful examination of the information furnished me on this subject, I have come to the conclusion that the insane are found in the greatest numbers in those countries inhabited by Europeans.

The result modifies itself according to the manners, laws, and industrial habits of the different countries ; but what is more important to consider is the fact that wherever education, arts, science, and the religious doctrines of Europe vanish from our sight, there insanity diminishes in the same proportion, and at last entirely disappears. Among the tendencies which serve in fostering this malady, modern European civilisation shows itself as one of the most potent. Mental alienation is scarcely ever met with among nomadic people, Asiatics, or Africans, nor among the savages of America. The natives of the Asiatic deserts are occupied only about their flocks, horses, and camels, their religious practices, and their habits of marauding. The American Indian knows nothing beyond his enemies, the tricks of warfare, revenge and retaliation, hunting the buffalo. The Arab's tent, the Indian wigwam, continue to preserve their primitive simplicity and form. The costume of the East is to-day what it was a thousand years ago. The regimen and diet are the same. The objects of an Arab's affections have undergone no alteration ; he loves now, as he has always done, his pipe, carbine, horse, wife, and children. Travellers who have sojourned for any length of time among the American

Indians, the savants who have dwelt among the Arabs of Asia, assure us that insanity is a very rare disease with the Orientals; whilst it is almost entirely unknown among those generations that live in their primitive simplicity. Authorities who have written upon this subject, and whose words are entitled to respect and belief, confirm this opinion as to the rarity of insanity in the East. In Nubia not a single instance could be detected. Two idiots were found in Abyssinia. In Cairo, where they have an asylum, out of a population of 300,000, not more than 75 lunatics were confined in that city, and out of that number some of the inmates belonged to the neighbouring countries. The various accounts that we possess from Constantinople show us that the same condition exists there, although in that city, as well as in Cairo, the influence of European civilisation cannot be entirely shut out from our view.

Insanity is rarely found in Alexandria, or Jerusalem. Some years ago a young divine, whilst travelling in these cities, took special pains to investigate this matter. The result of his efforts proved that, at the former of these cities, he discovered but two insane persons, one of each sex; and at the other city the same number. At the time of which I write there dwelt in Alexandria a population of 50,000 inhabitants, and in Jerusalem 20,000. It is a matter, however, worthy of record that one of these insane persons was a physician of the Jewish persuasion, born in Europe, but residing in Alexandria. The insane women were allowed to ramble about the streets, and were made the sport of idle children. In China, also, mental disorder is but rarely seen. An

eminent English physician, who resided there for twelve years, accounted for this by the absence of that feverish state of mind which is so peculiar to the European and the North American nations, and also to the sparing use of alcoholic stimulants among the Chinese. Let us now compare the primitive and uniform manners of the Arabs and the Indians with our own life of constant agitation, locomotion, and restlessness, and we find the solution of the problem. Our minds are overcharged with projects, novelties, and reforms. The European is continually seeking for means of fresh emotions and fresh excitement. We experience nothing but anguish, disappointment, and deceptions. In our populous towns especially there are a thousand different modes of occupation and livelihood, while among the Asiatics one invariable type of life and thought predominates.

The representation of our civilisation lives in the opinion of those who embrace it. The exaltation of its moral being absorbs the whole mind—the desire of appearing great in the eyes of others. It perceives the necessity of quitting its natural position in life and of aspiring to one above itself. It never once considers its mission as having come to an end; it still goes forward, everywhere meeting fresh positions, which it covets and must obtain. The seething masses are filled with ideas of emancipation, the letting loose of the passions; the hopes of this man are blighted by contempt; that family is struck on the most tender point of its self-esteem; these are smitten in their best affections. Popular commotions break out; kings are hurled from their thrones; revolution and bloodshed exist; thousands of human lives are sacrificed.

The result is that the greater the agitation of the multitude, the greater the disturbance of their moral being; the more their natural sentiments and passions are excited, the more liable are they to transgress the bonds of reason. The people of the European, as well as of North American civilisation, may be said to be in a state of perpetual drunkenness of one sort or the other. The drunkenness of emotions, of personal dignity, of the love of novelty. It is not so with the nations which approach nearer to the state of nature, of those who live apart from the great world. We have no statistics of those epochs when a social calm prevailed. We do not know the ratio of insanity in those times; but I feel certain that the returns would show much less insanity than now exists. Again, the number of the insane is largest in those countries where most liberty is allowed, greater than in those in which the liberty is restrained. The Turkish and Russian Governments, as well as the Italian, form a striking contrast to the Government of our own country in this.

It is not always, however, in the violent passions that we must look for the germs of insanity. Savages have passions much more fierce than those of civilised races, and yet they are much less disposed to mental disturbance. Their very career is terrific, their cruelties are atrocious, but their tenderness is much smaller, and their natural feelings are not affected. The character of the savage may be thus described: small affections, uniformity of mind and customs, unchangeable social ties, narrow necessities, habitual privations, a life of animal instinct, and a savage mode of existence that renders them apt in supporting pain,

struggling with grief, facing perils, suffering torture, despising death, and maintaining their equanimity. Among such a class of men resignation is profound, and they are seldom reckless. They dissemble their grief, and conceal their revenge, nursing it in their breasts for many a long year. And these people regard the moral display, the oratory, the gaiety, so characteristic of European civilisation, as evidences of folly or madness. We, on the contrary, cultivate the very delicacy of feeling so much despised by the barbarians. Our civilisation sends up the thermometer of the tender passions. We enlarge the sphere of our moral life, and of all those affections that spring from the heart. It is beyond dispute that affection, feeling, instinct, and friendship among Europeans have a different meaning from that existing among uncivilised nations of the world. The man produced by European civilisation undergoes anxieties unknown to the children of nature. It is evident that the sentiments inspired by the love for our neighbours have exhibited themselves among the white races in a manner that we look for in vain among the barbarians. But here, also, is another source of error; for insanity in this respect is the disease of humanity, it belongs particularly to the free population. We may hence conclude that what we call European manners, social condition and progress, offer conditions which can be accepted only at the risk of our health and morals. We must take into consideration the system recognised in Europe for the last century and a half. The social perplexities have always furnished their contingent of insanity, but the number of the insane increases in exact proportion to the increase of the stimulation,

and as moral excitements are so much the more numerous and intense, so is the mind liable to become unhinged. Hence we see that at the present day there is more insanity than in the Middle Ages, that there is less in Russia than in England and France, and that there is very little indeed among the Turks, Arabs, and in the uncivilised parts of the world. I have thought proper to dwell upon this matter at some length, to show that in those parts of the world where the mind has but little to occupy itself, there is less likelihood of mental derangement. But in Europe, and especially England, where the competition in the various professions is so excessive, where the stride of education has made such rapid progress, rendering an enormous amount of mental effort necessary, the mind is liable to become unhinged, especially where predisposition exists. Overwork, as a result of this competition, is a frequent cause of insanity, and with the progress of civilisation and education it must continue to single out its victims from the world.

CHAPTER III

MADNESS: ITS SYMPTOMS, VARIETIES, AND CHARACTERISTICS

THERE are a number of varieties of madness, and these may be subdivided. Speaking generally, the term refers to an abnormal mental condition, but though many attempts have been made at defining it, it is impossible to find one definition which can embrace in its entirety every variety of the disease. I would, however, describe it as being a deviation from a man's normal mental condition, associated with a belief in something that has no existence apart from the morbid imagination of the individual. The term "lunacy" is derived from *luna*, "the moon," and virtually it means the same thing as madness, only it is used in a legal sense. Unsoundness of mind refers to the inability of a person to manage himself and his property, in consequence of being of unsound mind. It has been ruled in courts of law that it is a libel to say a person is mad or insane, but not so to say that he is a "person of unsound mind," as no one is deemed to be of sound mind except the Deity. In making a medical affidavit for a commission in lunacy, it is not sufficient to say that the person you have

examined is mad or insane; you must say that he is "a person of unsound mind," for by this you imply that he is unable to manage both himself and his affairs, for which reason a commission is so held.

Insanity has two great divisions: 1st, Acute; 2nd, Chronic. Acute Insanity may be divided into a number of varieties, the principal being: 1st, Acute Mania; 2nd, Monomania; 3rd, Melancholia.

Chronic Insanity may be divided into: 1st, General Paralysis of the Insane; 2nd, Chronic Mania; 3rd, Dementia; 4th, Idiocy; 5th, Imbecility; 6th, Softening of the Brain.

There is another variety of insanity called Moral Insanity, which may be either acute or chronic, and can again be subdivided.

Acute Mania.—This form of madness is the most prominent we meet with, and by far the easiest of recognition. It may be defined as an acute disorder of the brain, active in its nature, frequently sudden in its development, and affecting the general condition and action of the mind. It is nearly always associated with disturbance of the general health, and often with marked symptoms of bodily disease. Its precursory stage varies in different individuals. Sometimes it commences without any premonitory indications; in other instances we find that the patient's health has failed for some time. It is often accompanied by unmistakable symptoms of acute cerebral disease, such as inflammation of the brain or its membranes. The disorder is characterised by intense excitement and violence, and often with attempts at self-injury or of others. Insomnia is a prominent symptom observed at the commencement of the disorder, and as



CHRONIC INSANITY.

a rule there is extreme garrulity. These are two of the earliest indications. The mind is completely unhinged, all its faculties are perverted, and great physical restlessness exists. The conversation of the patient becomes wild, noisy, and incoherent, and often very obscene in its character. The habits are usually completely changed from the normal ones. Illusions, hallucinations, and delusions exist in a greater or less degree. These are not, however, fixed, for the mind wanders from subject to subject, without any rhyme or reason. The thoughts and ideas flow very rapidly through the brain, but without any connection with each other. Headache may, or may not, exist, although it is found in many cases, and there is intolerance of light and susceptibility to sound. The intense maniacal attacks frequently come on in paroxysms, varying in their rapidity and intensity, and these are nearly always found in cases of acute mania. "Auricular Delirium," or hallucination of hearing voices or sounds, is often associated with the disease. The delusion of being demoniacally possessed is frequently a prominent symptom. A fear and dread of those around is often seen. The general appearance of an acutely maniacal patient is very characteristic. The eyes roll about, the conjunctivæ are injected, the features pinched, and there is a vacant look, sometimes amounting to a stare. The eyebrows are sometimes raised, giving the patient an appearance, not only of vacuity and intellectual derangement, but also of great cerebral excitement and mental strain. The general expression is occasionally so altered that recognition is sometimes impossible by the immediate relatives and friends of the patient. Painful and

frightful dreams occur, and the acute frenzy increases towards night. Those so afflicted are often insensible to pain. Intense heat or cold has little if any effect upon them. They can handle hot cinders without apparent suffering, or they will expose themselves to the greatest amount of cold without being susceptible to it.

A case of acute mania may end in—

1. Complete recovery; the symptoms gradually abating without any relapse taking place: this is a very common termination, especially in those cases which occur in young persons, and where no hereditary taint or predisposition to mental disorder exists.

2. In extension of the cerebral mischief, causing acute inflammation of the brain; this appears whilst the attack of mania is still in its infancy, and is a frequent termination of the disorder, generally ending after a short period in death.

3. In an apparent remission in the symptoms, followed by an exacerbation of all the acute phases of the disease, and this condition may continue for some months until the patient's ultimate and complete recovery.

4. Some cases terminate in chronic mania, but generally here some predisposing cause can be traced. Acute mania is characterised by distinct remissions and exacerbations in the symptoms. During the illness the patient at times appears as if he had recovered miraculously, but before the day is over he will have relapsed into his maniacal state. These relapses are frequent during an attack. The duration of acute mania on an average is about six weeks, though it is some time after this before a patient can

resume his former work, and before he can be safely pronounced as convalescent.

Diagnosis of Acute Mania.—Acute mania may be mistaken for—

1. The delirium of bodily ailment, such as fever in its acute stage.

2. Inflammatory affections of the brain or membranes.

3. The excitement and violence produced by alcohol.

4. General paralysis of the insane.

5. Delirium tremens.

It may be distinguished from the delirium of bodily ailment by the history of the primary disease and the general symptoms concomitant with the affection. We may have here unmistakable maniacal ravings, but the history of the case will be convincing.

It is diagnosed from inflammatory affections of the brain or membranes by the bounding and quick pulse and intense headache, by the intolerance of light and sound found in inflammatory cerebral affections, by the history of the case, and the critical condition of the patient. The symptoms here are those of pyrexia accompanied by wild delirium, hallucinations, and illusions.

The violence and excitement produced by intoxication can be distinguished by the history of the case, the absence of delusions, the shortness of the seizure, the ravings being followed by sleep, and the patient waking up quite well, and also by indications of the smell of alcohol in the breath, and by the crucial test of administering some emetic which will be convinc-

ing in its results. The diagnosis between it and general paralysis of the insane is considered in describing the latter complaint.

It may be diagnosed from delirium tremens by the absence of the characteristic tremor, and by the existence of the peculiar delusions, viz. that animals or reptiles are surrounding the bed. In delirium tremens the tongue is tremulous and covered by a creamy white fur, and the head is cool and sweating.

Mania in which epilepsy exists, or epilepsy in which mania supervenes, is always characterised and accompanied by great violence and maniacal excitement.

Demonomania seldom occurs in early life, and it is rarely cured, though recovery does sometimes take place, as in the following instance: A woman, aged twenty-one, had a fright, and collapsed into a state of religious despondency, succeeded by demonomania. She conceived the idea that "five or six devils had entered into her, and caused her to renounce the Lord, stating that she was possessed by Satan, and was the devil."

She would stand for hours together looking at her nails, occasionally objected to take her food, and had an inclination to destroy herself. She was placed under treatment, and at the end of ten months she was completely restored to reason.

Demonomaniacs are generally emaciated, and have an expression of great mental distress, love of solitude, they sleep but little, and are sometimes musically inclined. They are often very insensible to bodily suffering. Demonomania often assumes the type of acute melancholia.

A lady, aged thirty-one, came under my observation. She had always been strange in manner, and informed me that she was a witch. She suffered from sleeplessness, and was in a state of acute nervous excitement, fancying she was possessed of a devil, and imagined she was very wicked. Her condition was one of acute maniacal excitement. She was under the impression that she was doomed to go to hell, and that the gates of heaven were closed to her. She raved continuously, and was very wild in manner. This raving continued during the night, being under the impression that she was going to be killed, and she kept jumping in and out of the bed, groaning and talking incessantly. It was found necessary to place her under proper care and supervision. Most cases of demonomania take the form of acute mania.

Monomania is a variety of insanity in which the delusion of the individual is confined to one subject, the patient being apparently sane on all other points. It is a vexed question, however, whether it is possible for the mind to be deranged on one subject only. Cases of pure monomania are certainly of rare occurrence; for, even in patients who appear to be monomaniacs, the mind, if carefully analysed, will be found to be under the influence of several delusions. The principal morbid ideas met with in the "monomaniac" are as follows:—

1. That a conspiracy exists against him.
2. That the food is poisoned.
3. That he has been guilty of some great crime, and under this delusion he will often wish to deliver himself up to the police or public magistrate.
4. That he is addressed by strange or imaginary

voices (auricular delirium): a most unfavourable form of monomania.

5. That he has committed the unpardonable sin, is forsaken of God, and out of the pale of salvation: generally associated with suicidal tendencies.

6. That he is Jesus Christ.

7. That he is a king or some great person: under this delusion he will comport himself accordingly: a bad variety of the complaint.

8. That he has at his command great wealth: unfavourable.

9. That he is ruined and on the eve of bankruptcy.

The monomaniac is unable to talk rationally upon the subject connected with his particular delusion, but in all other respects he generally appears perfectly sane. Beyond this no unsoundness of mind may be perceived. Dr. Pritchard, a very old authority, says that "the mind in monomania is unsound, not unsound in one point only and sound in other respects, but this unsoundness manifests itself principally with reference to some particular object or person."

A lady, age twenty-eight, was under the delusion that everything in the street contained infection. Her mind always dwelt upon this: she said, as she walked along, that the houses frightened her because of their liability to infection. Whilst in the street she imagined that the people she passed had scarlet fever or some other infectious complaint, and would contaminate her. She was unable to concentrate her mind upon any subject apart from her delusions. She would not read or touch books, being under the impression that they would infect her, and declined to take the letters delivered at the house by the post-

man for the same reason, returning them to him at the door.

This is a variety of monomania frequently met with.

One of the most common and dangerous forms of monomania is that of persecution.

Frequently those suffering from the monomania of persecution are sane upon every other subject except this one, and consequently go about the world as sane rational beings. While suffering from this delusion, threatening letters are written, and actual crime often committed.

Monomania suggests many very important considerations. Authorities deny the existence of that species of monomania which is restricted to a single idea; but it must not be assumed that the mind in such cases has not any other idea presented to it; but the reasoning faculties occupy themselves with one predominant idea, to which all other ideas are only accessory. I have known of a person who, for upwards of twenty years, entertained the idea of killing *one person!* A magistrate of high probity and honour imagined he was lost in consequence of a delusion that he had committed a criminal act, and so strongly was his mind convinced of this single idea, that in his more cheerful moments he would ridicule himself for the very act he believed that he had committed. In that species of monomania in which several ideas occupy the mind, the patient is cheerful, the eyes are bright, the countenance expressive of gaiety, and the conversation is thoughtless and unrestrained. In the opposite form of monomania, the patient is melancholy; he is restless and suspicious,

taciturn, and often suicidal ; it is a species of insanity in which the reasoning faculties appear to be unimpaired, while the conduct of the individual is, in the highest degree, irrational. In France this is known as *manie raisonnante*, or reasoning madness. The persons so affected will often talk in the most plausible manner, and explain their erratic conduct with so much ingenuity and address as to impose upon those who listen to them. In conversing with them it is impossible to detect any aberration of the intellectual faculties. They reason correctly, and often with more vivacity and ability than usual, particularly if they imagine that they are suspected and under any kind of surveillance ; but the moment they are left to themselves and believe they are not observed, they are guilty of great irregularity of conduct. They cannot rest in any one place ; they annoy their companions, and excite one against the other by all kinds of falsehood and calumnies ; they touch and displace everything, and, should they be remonstrated with, they at once deny what they have done, or excuse and justify themselves with great tact ; they never confess the truth, and have always a thousand good explanations to give for their conduct. Such patients are extremely troublesome, and difficult to deal with. They frequently overwhelm the person in charge of them with compliments, and affect a tone of morality, sentiment, and religion ; but the moment an opportunity occurs they commit every kind of mischief which may, from the perversity of their disposition, suggest itself, and hence they become intolerable at home or in other private families, and are apt even to destroy the discipline and subordination of the

asylums into which they may be admitted. The symptoms of this form of disease are—a sudden change in the usual habits of living, caprice, versatility, estrangement and perversion of the moral affections, restlessness, and agitation. The intellectual faculties gradually become impaired, and a state of dementia ensues. The recognition of the disease itself requires experience, and the prognosis is generally unfavourable; so true it is, that the more intact the intellectual faculties remain, the greater always is the difficulty of cure.

Among the other forms of monomania, cases of homicidal and suicidal monomania are of frequent occurrence, but are often the result of what has appropriately been termed impulsive insanity. Hallucinants are especially liable to commit either one or other of these acts, for they often hear voices commanding them sometimes to kill others, sometimes to kill themselves; and in many of these cases there exists previously no evidence whatever of mental derangement. Not infrequently some peculiar fanatical notion suggests the fatal act: religious monomaniacs, therefore, are never safe. Pinel relates the case of a fanatic who conceived the idea that mankind should be regenerated by the baptism of blood; and under this delusion he cut the throats of all his children, and would have murdered his wife had she not effected her escape. Sixteen years afterwards, when a patient in the Bicêtre, he murdered two of his fellow-patients, and would have killed all the inmates in the hospital if his homicidal propensity had not been restrained. Instead of being impulsive, the homicidal act is sometimes premeditated: a fixed idea of vengeance occupies

the mind until the favourable moment for consummating the act arrives. An insane patient having asked a female attendant in a private asylum for some money, was refused; he conceived immediately a feeling of resentment against the poor young woman, and having possessed himself of a piece of iron, sharpened the point of it, and for a fortnight carried the weapon concealed about his person, when suddenly a scream was heard, and it was found that he had stabbed her in the thigh, the sharp instrument having penetrated through her clothes, and divided the femoral artery.

The monomania of fear, or *folie de doute* of the French authorities, is a common form of mental disorder. It is a special variety, where apprehension and fear form a leading characteristic of the complaint. Those who labour under it are afraid of one or more objects, or they have a dread of everything, in which case the term *Paranaphobia* is employed to denote the disorder. In some cases there is a vague and undefined terror; frequently delusions or erroneous ideas of objects and sounds occur. These delusions probably have a relation to ideas with which they had previously been familiar; for instance, the occurrence of fires has given rise to insanity, with excessive dread of being burnt. A lady of fortune used to spend the night in being driven in her carriage through the streets of London, afraid lest her house should take fire. The fear of damnation has often been the leading feature of insanity in persons of a religious turn of mind. Fear of poverty occurs in some who have, by industry, accumulated a large fortune. Among the objects of fear in the insane are poison, robbery, prison, and the police. Those who suffer

from this form of monomania are inclined to interpret everything to their own disadvantage, to exaggerate their feelings, and sometimes to ascribe imaginary crimes to themselves. In consequence of the irritation under which they continually labour, they are generally emaciated and feeble. From the fear of doing wrong, they are undecided and restless, and cannot make up their minds to perform the most common duties of life: repeated attempts are made before they accomplish even those of eating and drinking, going to bed and getting up. Occasionally attempts are made to commit suicide: these generally fail in consequence of their fear and indecision. Of the causes which produce this variety is the creation of fear which sometimes gives rise to the disorder; it, however, occurs in insanity originating from other sources, and women and young persons are the most liable to the complaint.

MELANCHOLIA

Symptoms and Diagnosis.—Melancholia is another variety of insanity constantly met with. It may be the precursor of acute mania, or it may come on and exist by itself. The chief characteristic of the complaint is great mental depression, and often for no tangible reason. The disease is progressive in its nature, and comes on very gradually, the person so afflicted generally having suffered for some time from some functional derangement. Affections of the liver are very closely associated with melancholia. Suicidal notions exist more generally, and there is often a repugnance to taking nourishment. It has

been stated, though erroneously, that melancholic patients are never known to shed tears, although exhibiting great emotion. This is contrary to my general experience of such cases.

There are various forms of melancholia :—

1. Melancholia simplex.
2. Melancholia concentrica.
3. Melancholia statica.
4. Melancholia peripherica.

An ordinary attack of melancholia may be included under the head of melancholia simplex. The other forms here mentioned are recognised by some authorities, but by others they are included under the one great heading of "Melancholia." The profound mental depression associated with the complaint is accompanied by delusions, often of a religious nature, similar to those met with in religious insanity.

Melancholics are often monomaniacs, that is to say, insane upon one subject, and considered rational upon others. The mind is then absorbed by one predominant idea, to the exclusion of all others. They are very restless, and are thus typically described in Burton's *Anatomy of Melancholy*: "They are soon tired with all things; they will now tarry; now begone; now in bed they will rise, now up, they go to bed; now pleased, and then displeased; now they like, then dislike all. '*Sequitur nunc vivendi nunc moriendi cupido*,' to quote Aurelianus. Discontented, disquieted upon every light occasion, or no occasion; often tempted to make away with themselves; they cannot die, they will not live; they complain, weep, lament, and think they live a most miserable life; never was any man so bad. Jealousy and suspicion

torment them ; they are peevish and distrustful with their best friends."

This describes, most typically, a melancholic patient, the whole symptoms being characterised by depression, suspicion, suicidal tendencies, and a general mistrust of those near and dear to them, with frequent ideas of persecution. This is accompanied by one or more delusions. The bodily health of the patient frequently gives way in consequence of the continued anxiety and restlessness, and the many sleepless and agitated nights. The paroxysms, in some cases, increase in severity towards evening, and are sometimes painfully observable ; the anxiety of the patient is excessive, occasionally amounting to absolute raving at the bare notion of having to endure another wakeful night, haunted by frightful thoughts, which are of a most depressing character. Sometimes there appears to be a great inward struggle going on in contemplating suicide, as in Hamlet's soliloquy, "To be, or not to be, that is the question" ; and sometimes the case is not recognised at its outset, and the patient destroys himself before his friends are convinced of the nature of the malady. It is most perplexing and difficult to determine at its commencement ; but, on the other hand, it is of grave importance that it should be detected in its early stage.

Acute melancholia may terminate in :—

1. Chronic melancholia.
2. Complete recovery.
3. Acute mania.

If there is any strong hereditary taint, a termination in the first of these is to be expected. If, on the other hand, there is no such predisposition, we may

naturally look for a complete and absolute recovery. It may, however, as previously mentioned, be the precursor of acute mania. Sometimes the symptoms are so prolonged in their duration that both body and mind become prostrated and weakened. Owing to this condition, and to the fact that great difficulty is experienced in inducing the patient to take sufficient nourishment, the unhappy individual succumbs to the disease. This termination is not very common, for, as I have previously said, in most cases we may reasonably expect a complete recovery.

Diagnosis of Acute Melancholia.—There are few diseases that can be mistaken for melancholia. The intense depression, the delusions, the sullen aspect, knitted brow, apparent inability to smile or evince any enjoyment, the shunning of all society and friends, the constant anxiety, and the persistency in all the morbid symptoms, are not to be observed in any other mental affection. Hypochondriasis is a modified form of melancholia, and it may, if not checked, develop into it. Hypochondriacs, though always dwelling on their own symptoms, will be free from any positive delusion. They will be found, if taken away from their own imagination, to be tolerably cheerful and chatty. There will be an absence of that strange physiognomy found in melancholics. There will generally be marked hepatic mischief present, and dyspepsia will probably exist. The hypochondriac often consults physician after physician, apparently under the idea that each one has mistaken his case. He dreads lest he should become permanently invalided, and clings to the enjoyment of life and its pleasures. Not so the melancholic: he thinks



MELANCHOLIA WITH DELUSIONS OF PERSECUTION.

The fixed, sullen, expressionless countenance is well depicted here.

of life with repugnance, and often seeks death as the only means of putting an end to his tortured mind. The whole mental faculties are completely disordered in melancholia; but in hypochondriasis the intellect is clear, the ordinary occupation can be followed out, and few persons, except the medical advisers, are aware of the condition of the patient. The person here either quickly recovers, or dwindles into a modified form of melancholia.

Many cases of melancholia have occurred in consequence of an attack of influenza, and in a good many cases this has been associated with suicidal tendencies. It produces a form of mental depression which often passes into melancholia. The energy of the individual who suffers from influenza diminishes, the general health gets into a low condition, and the mind reacts upon the body, and *vice versa*. During an epidemic of influenza, when the symptoms for solitude and shunning society become apparent, I think that the case requires watching. I will now give a few typical cases of melancholia.

A gentleman, aged forty-two, suffered from a severe attack of influenza. In the spring of the following year he became much depressed, suffered from noises in the head like the waves of the sea; his depression increased, with absence of all mental concentration, and he was suicidal.

A lady, aged thirty, suffered from depression and lowness of spirits, coming on gradually for the last two years. She imagined that people were going to harm her, and was nervous at being left alone. She suffered from headache, insomnia, and heard voices, and laughed continuously. She dreamt a good deal. There was

no hereditary insanity, but her mother died of consumption.

A gentleman, whose mind wandered from subject to subject, did not interest himself in anything, was very listless, memory very bad, constantly contradicting himself. Inability to concentrate his mind upon anything. Whilst in conversation would not look you in the face. Delusion that he heard voices speaking to him, and when asked what they said he burst out into loud and strange laughter. He said "that he was much depressed at times, and he felt as if he could not sometimes control himself." This patient had a mania for constantly washing himself, and he would take as many as seven baths during the day. He would frequently converse with himself, and at times was very restless, frequently changing his room. When taken out to places of amusement he would suddenly, for no reason, jump up from his seat and leave before it had commenced. This was a typical case of melancholia, with delusions independent of that disease.

A lady, aged thirty-two, suffered from mental depression, ill for six months. In an apathetic condition all day, having no inclination to get up. Suffered from insomnia and drowsiness, and dreamt a great deal. Teetotaller all her life ; memory very bad.

A boy, aged twenty. Mental depression, with choking sensation in throat. Said "the world is not big enough for him, and that he alone occupies it." Was suicidal, though he stated that he was afraid to commit it, but he was apprehensive lest he might be tempted. Took no interest in anything, and he felt frightened.

A lady, aged twenty-eight. Always been of a melancholy temperament. Attributed an increase in her symptoms in consequence of attending so many religious meetings. One uncle died insane. Suffered from sleeplessness; terrified feeling at night, as if something dreadful was going to happen.

A lady, aged thirty-four. Mental depression. General feeling of bewilderment and insomnia. In early morning fell asleep only for a short time. Much worse in the morning, and complete inability to rouse herself, and had no pleasure in anything.

A lady suffered from great depression, feared that she might commit suicide. The depression was much worse at night, and she generally had bad dreams, and was unable to find anything pleasant to think about. She had been ill for three years, and suffered from asthma, and had no belief in anything.

A gentleman, aged twenty-five, suffered with severe headaches for five years, which were worse during the day. At times he felt quite exhausted, both mentally and bodily; memory very deficient, which failed altogether sometimes. There was a want of confidence, absence of all vitality and energy, and he had an uncontrollable dread lest he should injure himself, and did not care for society, and sought solitude. The attack had been coming on for five years.

A gentleman, aged twenty-eight, had been ill two months following religious excitement. Declined food. Did not hear voices or see visions, but imagined that he had been very wicked. Memory all right, but his thoughts wandered away. His grandmother was insane. The patient made a complete recovery.

A lady suffered from acute melancholia, heard

imaginary voices calling her names, and said that the voices were present all through the night and never left her. She was in a semi-demented condition, and spoke with great difficulty and in a very low tone of voice, looking on the ground all the time. She appeared to have been in this condition for some time, declining all food, and was always alluding to the voices.

A lady, aged fifty-four. Mental depression three months; the second attack. Inability to look on the bright side of affairs, or to manage her work properly. Memory bad, and the symptoms increased towards evening, and kept her awake at night. Was very emotional, and could not follow the thread of what she read. General disinclination to do anything. Patient completely recovered.

A man, aged sixty-eight. Mental depression gradually getting worse. Very troublesome, and worried about small matters. Very restless, waking up very early in the morning. Inability to concentrate his mind, or fix his attention on any matter. His mind wandered from subject to subject. He muttered to himself, and was in a very nervous condition. This state increased, and he became very much worse, and excitable, utterly unable to realise his mental condition, or to submit to any form of moderate control, and he had to be placed in an institution.

A gentleman, aged fifty-two, suffered from great irritability. Weakness of purpose, and great mental depression at times, frequently crying, headache, and sought seclusion. Occasionally he would rush off for a long walk so that he might escape observation. His uncle, on his mother's side, died in an asylum, one

cousin on father's side committed suicide, and another cousin suffered from melancholia. He had nervous facial twitchings, and had been ill three years. Thirty years ago he was thrown from his horse on the back of his head. He had hallucinations of hearing and seeing. Patient recovered completely.

A boy, aged twenty-four. One of seven, very nervous family. Memory very bad, all affection apparently gone. No power of mental concentration, inability to remember what he had read. Suicidal tendency, and all the pleasures of life appeared to have left him entirely. Inability to cry, and absence of all emotion. Very much depressed. His father and mother were first cousins.

A woman, suffering from melancholia, was accused of attempting to poison a daughter of a neighbour with whom she had been previously on good terms. It appeared that prior to this event she had manifested unequivocal signs of mental derangement, dating from the loss of an only child, about six years previously, to whom she was greatly attached. Her character changed; she became ill-tempered and malicious, rejoicing when any ill befell her neighbours; and instead of living comfortably with her husband, she made his life unhappy. Her mind was said to be constantly agitated and disturbed, without, however, being regarded as insane. Her whole pleasure seemed to consist in speaking of her lost child, except when she alluded to the misfortunes of others. The reason assigned for the attempt at poisoning the child was that she might cause great grief to the mother, with whom she had quarrelled. A friend stated that she had heard several persons ask if the woman's troubles

had not affected her intellect, since she was continually speaking on that subject prior to the attempt at poisoning.

Her condition immediately preceding the act was very peculiar. She replied only when spoken to, she was habitually sad and very silent, and remained seated with her eyes cast down, passing her hand over her forehead, and not paying any attention to what was going on around her; her appetite was disordered; she scarcely ever ate anything.

Other extravagant actions committed by her before the crime of poisoning was also attempting to pull down the bed-curtains when in bed, cutting her own clothes and those of her deceased child to pieces, and making her bed up in the granary. There was incoherency in speech. After she had been confined in prison for a short time, she complained of there being black cats in her room; she was constantly speaking of self-destruction. Her symptoms were those indicative of melancholy insanity: the attitude, gestures, physiognomy, want of sleep, loss of appetite, love of solitude; the delirium of the passion (which is the strongest in women), the love of offspring; hallucinations, convulsive movements, extravagant ideas, represented by equally extravagant actions, having all the character of melancholy, and extending as far as the manifestation of the desire for death, and finally, the predominance of a fixed idea, impressing its seal in the whole moral and physical being. The correctness of her memory as to dates, general coherence in her conversation, reason in her actions were present in her.

A well-marked expression of mental wandering and sadness was observed in her attitude and physiognomy;

she appeared agitated and oppressed, complaining of want of appetite, thirst, and headache. She thought she saw her daughter, heard her voice, perceived flames, and imagined that she embraced and touched her, though she suddenly disappeared, so that she only seized a shadow. She obstinately denied having given poison to her neighbour's child, but manifested great hatred against the father. Her conversation did not betray any signs of general insanity, except when on the subject of her daughter, to which she constantly and irresistibly led up. The remembrance of her child produced tears, and gave a very singular convulsive expression to her face. She was tried, and acquitted on the ground of insanity.

GENERAL PARALYSIS OF THE INSANE

Symptoms of General Paralysis of the Insane.—General Paralysis of the insane is one of the most subtle and obscure diseases to which the brain is liable. Its approaches are generally so insidious, and consequently so unobserved, that in many instances it has been known to have made considerable progress long before its existence has even been suspected.

In the incipient stage of this disease the mischief going on in the brain gives no distinct evidence of its presence, except to the experienced eye of the physician, when his attention has been directed to some abnormal mental and bodily symptom which may have attracted the observation of those immediately related to the patient.

There are three distinct stages of general paralysis of the insane.

First stage is that of exalted monomania, and is characterised by general exaltation of ideas, and of imaginary greatness and strength. This stage may assume all sorts of phases, but the general characteristic of it is extravagant notions of one sort or other. This may be of varied duration.

A man who has, up to the time of the disease, conducted himself with propriety and decorum, will suddenly, and apparently without any assignable cause, have very exalted ideas; these will not amount to actual delusions at first. He will devise various schemes for amassing wealth, or will mentally possess exalted ideas of his rank. He will have these notions for a variable period, and then others of a similar nature will take possession of his mind; he will try and persuade his friends that he is a man of considerable importance. Instead of being, as he was before his illness, a modest and quiet man, he will be noisy, rarely if ever silent, and rush into reckless speculations, perhaps buy numerous shares for which he is entirely unable to pay. Nevertheless, he will endeavour to persuade his friends, who are reluctant to believe him to be of unsound mind, that he has a large amount of money at his command.

The symptoms previously referred to (omitting minor ones) will often be observed in cases of general paralysis prior to their admission into an asylum. During this early stage of the disease, in numerous cases, there are no symptoms of muscular paralysis, though they are present in some; but after the stage of exalted monomania has existed for a time, variable in extent, undeniable symptoms of paralysis present themselves. Immediately preceding the paralysis

there is often observed palpable exacerbation in the symptoms. The patient becomes very noisy, boasts of his extraordinary muscular power, and it often happens that the unhappy man, who can scarcely stand upright without support, will boast of possessing herculean strength.

Second stage is characterised by partial paralysis, especially in the tongue, the speech being thick and resembling that of a person intoxicated. The muscles of the extremities also show marked indications of weakness, and this is a very prominent symptom in some cases. The delusions existing in the first stage will also be found here in a varied degree, and the memory will be most defective, especially for recent events, which is the real test of memory.

The first indication of the progress of the malady is often observed in the speech. The patient will have difficulty in articulating words; he will stammer, clip and repeat the same words over and over again, either at the beginning or end of a sentence. I have seen marked cases illustrative of this phenomenon. I remember once observing a musician, who the previous day had shown no decided symptoms of muscular paralysis, but on the following morning when he came to breakfast his speech was muffled, and he articulated with considerable difficulty, repeating the same words over in rapid succession.

The tongue, in these cases of general paralysis, will be the first organ affected. The patient, upon being asked to show his tongue, will protrude it straight forward; it will be tremulous, but not to one side or the other, and will be drawn back again suddenly. The facial muscles will not be actually paralysed; never-

theless, those accustomed to see these cases will notice a want of mobility in the features. The angle of the mouth will not be drawn to either side. The peculiar affection of the tongue, and the difficulty of articulating, in a person whose brain and mind are affected, will clearly indicate the serious condition of the malady.

Soon after the difficulty in articulation, and the tremulous motion of the tongue have made their appearance, the patient will become unsteady in his gait, his walk resembling that of a man in a state of intoxication, and his legs will appear unable to support him. It has been asserted by some medical men, that in general paralysis of the insane the arms are affected before the legs, and that the partial paralysis of the arms is often overlooked in the early stage of the disease. In the majority of the cases that I have seen, I have found the legs were paralysed before the arms. The paralysis once becoming manifest, the patient will become more and more intractable, he will exhibit great obstinacy, refuse to have any dealings with his friends or relations, and constantly mutters incoherent things to himself; his general health will be very good, and during the disease the patient will grow fat: at least, such has been the rule in the cases I have seen. The muscles of the trunk are not in the least affected, and there is no loss of sensation in any part of the body. The fingers as well as the arms and legs are paralysed.

The patient during this stage will be troubled with a great many delusions, whilst the skin will be cold, showing a low degree of vitality.

Third stage is one of complete dementia, and a

general paralytic condition of all the organs will be observable. This last stage is of short duration, and most generally one or more epileptiform attacks will put an end to the patient's sufferings. He will be unable to give expression to his thoughts. He may mutter occasionally a few incoherent sentences, and eventually he will become as helpless as a child. He cannot feed himself, although his appetite is voracious, he will gaze vacantly around, and gradually become physically prostrated. Under these circumstances death appears imminent, but suddenly, however, he may regain strength and rally for a time.

During this period of the disease, as I have said, it is not unusual for epileptiform convulsions to take place. These convulsions may assume the type of "petit mal" or "grand mal," *i.e.* slight or severe, but whether they assume the character of the former or the latter, their appearance prognosticates a fatal termination, and that, too, in a short time. The mouth in this stage is opened mechanically when food is offered, but the ability to swallow is nearly gone. The patient cannot support his own weight, and his arms become immovable. The respiration is hurried, and performed with difficulty. In all probability there will be stertorous breathing, bed-sores soon appear, exhaustion follows, and death closes the melancholy scene. Such is the description of a case of general paralysis of the insane as seen in our asylums.

The disease, from first to last, varies from one year to eighteen months, from the first actual indication of its symptoms. It is rarely met with in women, and the most common period of life for it to commence is about thirty-four. It is hopelessly incurable, and

though many remedies have from time to time been suggested, none have as yet been found to which the disease will yield in any way. It may sometimes, however, be arrested temporarily, but ultimately breaks out afresh. It frequently happens that a man ruins himself and his family in consequence of the non-recognition of this disease in its early stage; they apparently shut their eyes to the real condition.

Diagnosis of General Paralysis of the Insane.—General paralysis of the insane, in its early stage, is sometimes mistaken for acute mania. In both diseases we may have that characteristic exaltation of ideas diagnostic of general paralysis of the insane, and it then becomes very difficult to decide whether we have to deal with a case of acute mania or one of general paralysis. General paralysis never occurs suddenly, as is the case sometimes with acute mania. There is always a history of one or more excesses committed by the patient previous to the actual development of the complaint. A complete change in the general temperament and habits of the individual will have been observable for some time before the attack has become evident. There is an absence of that incredulity and mistrust of those around, so often conspicuous during the ingress of acute mania. After the disease has become fully developed, there is no other complaint which can possibly be mistaken for it. The chief diagnostic symptoms by which we can positively state the nature of the disease are thickness of speech, difficulty of articulation, tremulous movement of the tongue, clipping of words, a partially paralytic gait, together with the exaltation of ideas universally observed throughout the malady; and later on the complete



GENERAL PARALYSIS OF THE INSANE.

state of dementia into which the patient dwindles, followed by the epileptiform convulsions previously alluded to. The diagnosis in this stage becomes very easy of recognition, and no experienced person can possibly mistake the disease for anything else, though errors are often made in the early stage. Great caution must be used in giving a prognosis before the partial paralysis has become apparent. When this is so, we can give an opinion that the case is one of general paralysis of the insane, incurable in its nature, and as sure of a fatal termination as if the disease was phthisis. Indeed, some persons have characterised it as "consumption of the brain." There is not the slightest resemblance, though some writers have stated otherwise, between this complaint and "progressive muscular atrophy," or "locomotor ataxy." Both these diseases are spinal affections, whereas the one now under consideration is distinctly cerebral from the very first, the paralytic symptoms being due to brain lesion, and not, as in the case of the other two diseases, to morbid conditions of the spinal cord, and where the brain but rarely becomes implicated. The age at which the disease appears is another important guide to us in determining the malady. It very rarely occurs before the age of thirty-two, or after sixty. Another peculiarity of the complaint is observable in the caligraphy of the patient, and in the composition of the matter which he attempts to place on paper, as will be seen by the specimens I exhibit. A letter written by a patient suffering from general paralysis will generally be incoherent, words are left out here and there, running the sentences one into the other. The writing is very scratchy, uneven, and differs

materially from his ordinary hand; that which can be understood relates to the delusions under which the patient suffers. He believes himself sane, and, as an ill-used man, he writes to demand his liberty, threatening legal proceedings if this is not forthwith granted, or offers large sums of money for various objects; whilst, suddenly, he will wander away from what he is writing and inform the person with whom he is in correspondence that he has come into untold wealth; that he is king of all he surveys, and that the asylum and all its surroundings are his property, enclosing, perhaps, a cheque for a fabulous sum as a present, and offering to confer the dignity of prince, lord, or some other title. The words are frequently misspelt, wrong letters being inserted for the proper ones. The letter is often begun from the opposite side of the paper, or written backwards, and every available piece of paper is utilised for the purpose of writing messages, or sending imaginary telegrams. The newspaper is covered all over with these hieroglyphics, and we find that he has mentally bought all the houses he had seen advertised, or that he has purchased whatever he may have seen mentioned in the advertising columns. He will write innumerable letters to his various friends, acquainting them of his enormous acquisitions. I have given a typical case of this in the chapter "Strange Cases." After a few hours, he has forgotten all about this until next morning, when the same proceedings will be gone through. This peculiar condition is characteristic of general paralysis. It is a most important diagnostic symptom, and should help us greatly in the determination as to what the malady is that we have under our immediate observation.

Another phase in the diagnosis of general paralysis is the peculiar way which patients can suddenly be turned from what they have been talking about to something quite foreign to it. A patient is full of extravagant fancies and delusions; he may be endeavouring to persuade the superintendent of the asylum to let him go out and realise his ideas, when, by the most trivial remark, his mind and attention are turned to other matters, forgetting what, only a few moments before, he was eager to accomplish, and all absorbed in.

Patients suffering from this complaint are lost to all sense of shame and decency. All their moral instincts have disappeared, and they are most slovenly, dirty, and careless in their behaviour and dress, their mind alone being occupied in their wonderful imaginary greatness, their great riches or strength, to the exclusion of everything else.

The memory, as the disease makes rapid but fatal strides, becomes gradually worse, until a perfect blank exists where but very recently a human mind was to be found in all its greatness and wonder. The chief cause for this sad and hopelessly incurable condition is overwork, especially in those mentally predisposed to insanity. Intemperance, immorality, and other excesses have been frequently stated as causes, but they are generally the effect of the complaint, increasing, however, as the disease progresses, and aggravating by their presence the mental disorder. As I have previously stated, there is great difficulty in detecting the disease during its premonitory stage. The brain is affected for some time before the patient has been placed under supervision. He may have

given way to excesses whilst the disease was in its incubatory stage, the relatives seizing upon the excesses committed as the immediate and actual cause of the general paralysis.

A gentleman suffered from intense loquacity, conversation rambling from subject to subject, loss of memory for recent events, boasting of his great strength, said he was going to take a number of houses to live in, and his condition varied from one of excitement to the opposite. At the commencement of his attack he got a pistol, which he concealed under the bed, and lately he had ordered half the contents of a shop to be sent to where he was staying. After one fit, his mind had gradually become deteriorated, and his speech became affected, and he threatened suicide. Every possible piece of poetry that he came across he would copy and send to his friends. There was nothing hereditary in the case, and his age was sixty.

Most of these cases are more or less similar in their symptoms and progress.

Chronic Mania.—Having carefully described general paralysis of the insane, I now propose to consider very briefly the other forms of chronic insanity. Chronic mania is a condition into which a patient may dwindle after an attack of acute mania has more or less subsided. This may continue for years, during which time the patient remains in an unchanged mental state, taking little, if any, interest in anything that goes on around him. Delusions are often prominent, but sometimes he is in a state of dementia. The general health continues to improve, and there is a tendency also here to grow stout.

Patients suffering from chronic mania sometimes have frequent outbursts and violent seizures, and many of them have mischievous propensities, and are very destructive and dirty in their habits. The chief symptoms indicative of chronic mania are delusions not generally of a fixed character, but varied in their nature, rambling and incoherency in conversation, inability to fix the attention, or to concentrate the mind upon any subject apart from their morbid notions. Shouting out loud and making a noise often exists, but, on the other hand, many of the cases are harmless and quiet in their demeanour. The patients so afflicted will generally do as they are told, and are as helpless as children. Others are inclined to be obstinate, and resist those in authority. Some will sit for hours in one place, until told to remove from it. Cases of this description are usually of long duration, and when they shuffle off this mortal coil, it is not from brain disease that they ultimately succumb, but from some bodily complaint to which they might have been subjected had they been like ordinary mortals as far as their mental state was concerned. All acute varieties of insanity, if recovery does not take place, or death terminate their sufferings, will gradually pass into a chronic form. Among the chief may be mentioned dementia, chronic melancholia, softening, and the variety of chronic mania which I have just described.

Dementia.—This form of insanity may be acute or chronic. There is total absence of all reasoning power, incoherency in language, inability to realise the true relation of things, rambling, incoherent conversation, the patient being unconscious of what he is really

saying, and loss of memory. Frequently he will repeat the same sentences over and over again. Chronic dementia is often the result of an acute attack of insanity. All intelligence appears to be lost, and he is apparently unable to understand any question put to him, and is in a hopeless condition of mental prostration. Sometimes the patients are liable to sudden paroxysms of violence, but, as a rule, they are easily controlled and tractable.

Idiocy may be defined as being arrested intelligence, arising from some malformation of the cranium and defective organisation of the brain, generally manifested at birth. There are degrees of idiocy; whilst in some there are faint glimmers of intelligence and affections, in others these are entirely absent. Idiots of the lower class are mere organisms, masses of flesh and blood in human shape, in which the brain has no command over the system, and therefore they have no power of speech or locomotion, and no intellectual or reflective faculties.

Imbecility.—In this form of mental complaint the patient is very weak-minded, can be easily led, and is under the influence of other people. The higher faculties of the mind are generally undeveloped, but they may be slightly manifested, the memory is good, and though he may have no actual delusions, he is to all intents and purposes of unsound mind, and unfit to manage himself or his affairs.

The form of defective brain, commonly, but inappropriately, called senile dementia, is by no means peculiar to old age, for we often see it in men of forty who have been subjected to great anxiety, or who have indulged in considerable excesses. Nothing

remains in the mind of such men but what has been studied—that is, has occupied the conjoint, continuous, and uninterrupted attention of both brains. The ordinary occurrences of life are forgotten immediately. A man tells a story which rests perfectly in his memory, but he forgets that he told it to the same persons not half an hour ago. A physician, now dead, said: “They tell me my memory is failing. How absurd! Why, I could at this moment repeat 800 lines from Homer.” And he began to inflict them upon his listener, forgetting that within a few hours he had twice before told him the same thing, to establish the same proof of his unfailing powers. The real test of memory is for recent events, not for what happened years ago.

I recommend, as the best means of re-establishing the power of concentration, to learn by heart pieces of oratory or of poetry, especially the former, which is a severer exercise, because the memory is not aided by rhyme. Do not be discouraged by the headache which for a time accompanies the process. This will cease, and the sufferer will be surprised at the increase of power he will gradually acquire—a power which he will discover to be accompanied by increased mental vigour in matters quite unconnected with his studies.

In extreme cases, accompanied by the torpor of old age, the brain seems to be in a state resembling that produced by concussion. The sympathetic system is carrying on the business of life vicariously for the brain; but in both these examples, if a loud sound be made to attract the attention, and a question be then asked in a powerful tone of voice, the brain is capable of being roused into distinct perceptions. Much

observation convinces me that many aged persons are left to go into the sleep of death for want of this stimulus. There are occasions where the prolongation of the life of an old person for a single week may make the difference of poverty or competence to the survivors. I remember one case where a gentleman died at eleven o'clock on the 28th of September, and left his family in great distress, when had he lived a couple of hours more, he would have placed them in comparative ease. It is so very natural to consider it a cruelty to rouse them from their state of calmness and repose, that I have been more than once out-voted on such occasions. But it is like the torpor of persons benumbed with cold. If they sleep, it is the sleep of death. One half of the brain always "goes out" before the other; but previous to its extinction in this gradual manner, it may obey the commands of its more energetic brother, when thoroughly roused, long enough to dictate a will which may save a family from destruction.

SOFTENING OF THE BRAIN

One of the most common forms of chronic disease of the brain is what is understood by "softening." Many of these cases, unfortunately, come under one's observation periodically. People in the possession of their healthful vigour, in full swing of professional success, suddenly collapse into a condition of hopeless fatuity, losing all their mental faculties in consequence of a breakdown from over-exercise of their cerebral functions. This impairment of the intelligence and sudden collapse of the powers of understanding, this

deviation from vigorous mental capacity to almost hopeless imbecility, have frequently given but little warnings of their approach; the loss of mental capacity has apparently been sudden, yet, upon a close investigation into the history of the case, one can generally detect a faint glimmer of the disease, very far remote from the positive development of the symptoms which were considered indicative of organic brain disease. This softening of the brain is not confined to professional men, but to all classes whose occupation exposes them to protracted anxiety and distress of mind. If the disease occurs at an early age, which is rare, it is generally associated with acute brain affections, and the indications are those of active disease in that organ. It is a most important thing to diagnose the symptoms in the early stage, for if they be mistaken or overlooked, and the affection be neglected while in its infancy, little or nothing can be done, when the disease, in all its formidable characteristics, becomes manifest. With regard to the precursory symptoms I would describe them as being those of headache, the pain being often circumscribed. The headache is frequently of one year's duration. Combined with this we have imperfect vision, attacks of dizziness, a sensation of weight in the head, double vision, optical illusions, and frequently a want of sensation in the scalp. The symptoms I have just mentioned are generally precursors of the organic type of the disease, but in some cases no headache exists. These symptoms are varied by a feeling of numbness, accompanied by an irregular action of the organs of voluntary motion. I have frequently observed that a diseased sensation of the

irregular muscular action, and mere loss of power in the muscular system, have been noticed for some time prior to the development of the well-marked and characteristic signs of softening. If the head symptoms have developed, it is necessary to watch from day to day the condition of the muscular power. In some cases we are able to trace the symptom of diminished motor power some time previous to the development of absolute paralysis. Muscular debility is generally precursory of irregular muscular action or deficiency of motor power. The patient who suffers from head symptoms will complain of a want of tone in the muscles; he will find himself incapable of taking his usual amount of exercise; he will often feel under the necessity of sitting down whilst out walking. There is occasional weakness of the leg or ankle, which comes on suddenly; there is often want of co-ordination of the limbs; as the disease advances the speech becomes affected and the memory impaired, also a tremulous state of the tongue, and hesitation of speech, loss of voluntary power over the ideas, and inability to pronounce certain letters, especially the letter "R." With regard to the physical symptoms which show themselves in the early stages may be mentioned a feeling of debility over the whole body, heaviness, numbness, loss of power in the extremities, usually on one side, and a constant sensation as if the limbs were asleep. Then there is persistent headache, giddiness, stammering, spectral visions, and noises in the ears. I consider the most typical symptom, and one of the first to be observed, is loss of memory. Whenever the brain has been overworked, and the memory is failing, serious apprehensions must be aroused. An

immediate cessation from all mental exertion is absolutely essential. But the symptom, however, more particularly deserving of notice, is the loss of voluntary power over the ideas, and the disposition to substitute one word for another. These symptoms very often precede those which are generally regarded as characteristic of softening. The substitution of one word for another is a remarkable premonitory symptom, and is often precursory of paralysis, the paralysis of the ideas appearing to precede that of the tongue. The misplacement of words is very common, and at times apparently the patient is very angry with himself, being conscious of the fact.

A gentleman, who appeared, apparently, in excellent health, manifested these symptoms for several days, much to the annoyance of himself and those about him. About a week afterwards he was suddenly seized with an attack of paralysis whilst at breakfast, of which he ultimately died.

A medical man, a general practitioner, had for some years been occupied in conducting an extensive country practice. Not satisfied with the amount of anxiety necessarily resulting from his professional labours, he was in the habit of sitting up until two or three o'clock in the morning engaged in study. His mind soon became impaired; and, committing some acts of extravagance whilst out visiting his patients, he was detained by a magistrate, and, with the consent of his family, was sent to a county asylum. In the course of a few weeks he was transferred to another institution. The case gave unequivocal indications of great mental debility, with obvious incipient paralysis. There could be no doubt as to the

nature of the case. All who saw the gentleman pronounced him to have softening of the brain. In eight months he was apparently perfectly restored. Six months after he came to London for the purpose of a consultation relative to a practice, the purchase for which he was negotiating, and he continued well. In this case, in addition to the affection of the mind, there was loss of power over the voluntary muscles. Notwithstanding all these most alarming symptoms, this gentleman was restored, re-entered his profession, and continued to exercise its responsible duties. Alas! these cures are not of common occurrence.

A gentleman, whose property was made the subject of vexatious and protracted litigation, presented evidences of great impairment of mind. The first symptom noticed was the habit of extreme abstraction, which was most unusual in him. He would sit for twenty minutes at a time with a fixed look, staring at vacancy. His bodily health appeared unaffected. He was physically vigorous, indulged in active exercise, and was able to take a prominent part in athletic games. His mental peculiarity was the only symptom which alarmed his family. He was subjected to treatment; but, notwithstanding the prompt and, it was hoped, efficient measures pursued, the disease gradually advanced until it developed in all its intense and incurable malignity, and the poor man, in the prime of life, sank into loathsome and hopeless imbecility. In this case, the mind was not the subject of aberration or delusion. It was broken down by great anxiety. It is the absence of everything like derangement of the intellect which gives a peculiarity to these cases. Occasionally the patient mistakes the

wanderings of his imagination for realities; but such instances form the exception and not the rule.

A distinguished member of the medical profession had been engaged for many years in the anxious and responsible duties of an active professional life. His mind gave way. The first alarming indication was the unusual degree of solicitude he manifested in reference to the accuracy of his prescriptions, frequently writing and rewriting them, repeating questions to his patients, and forgetting the names of his most intimate friends. Conjoined with these symptoms there was great irritability of temper. Before his friends, however, noticed these phenomena, there existed evidence of an overworked mind, clearly indicating the necessity of great caution in the exercise of its powers.

A gentleman, aged twenty-five, who had exposed himself to intense mental application for a period of twelve months, with the view of taking honours at one of our universities, was noticed one day to manifest an extraordinary degree of risibility. He burst into a fit of laughter in the presence of a number of college friends, nothing previously having been said to excite anything like pleasantry or merriment. The fact was noticed by one of his most intimate associates, and caused some anxiety. He subsequently became depressed and sullen, taking little notice of anything. He was placed under treatment, and finally confined in an asylum. The symptoms of depression, conjoined with extreme feebleness of intellect, continued for some years before any symptom resembling paralysis presented itself. The disease then exhibited itself in full maturity, and he became

as helpless as a child. In this case we perceive the commencement of the disease at the early age of twenty-five, the result of undue taxation of the powers of the mind. It may be a question whether the softening, which subsequently manifested unequivocal signs of its presence, existed at that period of life.

Moral Insanity.—This is one of the most complicated varieties of mental disorder that we have to deal with. It is frequently seen in children, especially in those of a precocious nature, or when at the age of puberty. It is very difficult to manage, and friends rarely detect, or admit its existence, until some overt act brings the case conspicuously before their eyes. Ungovernable temper is often seen; unreasonable behaviour, impulsive desires or emotions, vicious conduct, unnatural cruelty, are present, as premonitory symptoms, or even after the disease has advanced. The reasoning powers, judgment, and ordinary mental symptoms remain intact, at first, as a rule. As the disease advances, all proper respect for morality vanishes, and a total disregard for all that is proper or right in the eyes of society become misinterpreted and misplaced. Acts are committed which no one would have been guilty of, unless destitute of all ordinary moral feeling and sense, or ignorant of what is common to the usages of society. There is a morbid impulse to extravagant or mischievous acts, without any positive delusion. Nearly all the acts committed by those who are said to be “morally insane” are of this impulsive character. Religion is entirely disregarded and ignored, and is held up by persons so afflicted to laughter and ridicule. Excesses are indulged in of varied description, and the intricate

question for the physician to decide is whether he has to deal with a responsible individual, or one unaccountable for his actions, should any crime be committed.

Homicidal and suicidal insanity are two of the most dangerous and obstinate forms of mental disorder which come under the observation of the psychologist. Many unfortunate persons appear in the criminal dock on a charge of murder, when the act has been done whilst under some morbid idea which is generally monomaniac in its nature. The desire to destroy life, or to commit suicide, is so keen when it exists as a monomania, that sometimes a fearful mental struggle takes place to endeavour to conquer the impulse. Sometimes it yields to treatment, and the idea vanishes, whilst at other times it is so persistent in its nature that a crime is committed before the immediate friends recognise anything morbid, or have gained sufficient time to take measures to prevent a possible catastrophe from happening.

It has been stated by authorities that suicidal insanity is curable, whilst homicidal is not so. This cannot, however, be given as a principle. Suicidal insanity is generally associated with that form of mental disorder which I have described as melancholia. When this disease is cured, so will the desire to commit self-destruction pass away. Homicidal insanity, on the other hand, is not connected with any special type of mental aberration; it may be found in any of the existing varieties. It is generally associated with monomania. The insanity here is often of so superficial a kind that it is most difficult of detection, the intellectual powers remain-

ing seemingly intact throughout the disease. Persons afflicted are liable to sudden paroxysms of mental excitement and murderous desire. No reason can, as a rule, be detected for the perpetration of the deed, and the crime often is quite motiveless. Many homicidal lunatics destroy the lives of those whom they love nearest and dearest. Some victims to this homicidal tendency are quiet, morose, and gloomy in their nature. They belong to a most dangerous class of humanity, and but too often it happens that their real condition is not detected until some crime has been committed, which brings their actions under the immediate attention of the authorities. Homicidal and suicidal insanity are rapidly increasing, but no assignable cause can be given. Both types belong to moral insanity.

A boy, age nineteen, had rambling, incoherent conversation, was excitable, infirm of purpose, and was constantly running away from home for no reason, and unable to concentrate his mind, or in any way control himself. He was very violent, smashing things, getting on railway engines, and going long journeys on false pretences to such an extent that the railway companies were all warned of his behaviour. The various schools in which he had been declined to keep him in consequence of his behaviour and conduct.

A boy, age twenty, used horrible language, committed acts of cruelty, threatened his mother with violence, and at times even to poison her. Declined to do any work or occupy himself in anything. Said every one was plotting against him, remained in the house all day; very irritable, suspicious, and listening at the door, and was generally contemplating mischief.



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4



5

IMBECILITY, 2, 3. MENTAL WEAKNESS, 1, 4, 5.

There is not much difference between imbecility and what is understood as weak-mindedness, which is generally associated with moral insanity, it is only one of degree; the foreign authorities recognise the latter as a distinct complaint, under the term "Insuffisance." We have now power in England to protect the property of such cases, whilst not interfering with the liberty of the subject, but this has only been so recently.

One uncle was an idiot. He ultimately carried out his threat, struck his mother and became very violent. His conduct became so strange and his language so abusive, that precautionary measures had to be taken.

A boy, age fifteen, one of twins; always troublesome from birth, and had been stealing things for some time, which he said were given to him. Very irritable, stubborn, obstinate, and untruthful. He was one of eight; all well but himself. Chronic case.

KLEPTOMANIA

Kleptomania is a form of moral insanity well recognised at the present day. Those who suffer from it have a sudden impulse to steal, and carefully conceal what they have taken from others. These individuals are found not only in asylums, but outside. Kleptomaniacs in asylums steal from their fellow-patients things which they cannot possibly make use of, from the very force of circumstances and habit. It is much more common in women than in men; it is rarely seen in the latter sex, except in school-boys, when it is of frequent occurrence. The reason that it is more often found in women than in men is the fact that the former are more subject to attacks of hysteria, and such subjects are very liable to paroxysms of kleptomania, as well as to other forms of moral insanity. The victims of this complaint move in good society, and generally, at the time the crime is committed, they have sufficient money to purchase the articles they have stolen. With every luxury and plenty of money to satisfy every fancy, the impulse to steal seizes them with such an irresistible grasp that

they find it a physical impossibility to withstand the innate desire; it is quite impossible for them to overcome the impulse which may eventually land them in the dock. I have known a woman who laid her hands on every umbrella that came within her reach. She had many of these in her house, but never used them, notwithstanding the vagaries of the British climate. The average kleptomaniac is generally both intelligent and truthful; there is simply the one failing, whilst in all other respects she behaves as the law-abiding citizen. Kleptomania is not generally premeditated; the crime is purely impulsive, and its consequences are never realised at the time, though, strangely enough, after the act the kleptomaniac is fully aware of the crime that she has been guilty of. Of course sometimes there is a good deal of method in kleptomania, but there is generally method and cunning in mad people; this is the reason why we find capacious pockets in the clothing of kleptomaniacs. The disease is often associated with physical weakness and disorder of the nervous system, besides hysteria, which I have already mentioned. There is also no doubt about its being hereditary in the same way as ordinary crime is. It is a form of moral insanity, and a person may be very wealthy, but not extravagant, and yet she will hide comparatively worthless pieces of silk, and even bread from the table. I have often found kleptomania existing in persons with abnormal conformations of the head, accompanied by weakness of intellect. The rickety, scrofulous, and strumous individuals often exhibit such propensities. Authorities agree with me in stating that many maniacs, who in their lucid intervals are justly considered models of

probity, cannot refrain from stealing and cheating. Kleptomania rarely occurs before the age of adolescence, except in persons who are absolutely imbecile or insane on the surface. It has been said that kleptomaniacs are conscious of what they are doing, and that they would be punished in consequence; but I think the victim of the complaint is but very imperfectly conscious of the act, or its gravity. It is a most difficult thing to distinguish between a real thief and a kleptomaniac. Speaking generally, every case must be judged on its merits, and requires careful investigation, it is a disputed point often between lawyers and doctors in discriminating on such matters; but I think, speaking generally, the following indications ought to be carefully taken into consideration :—

1. Whether there is any hereditary mischief in the family, especially relating to a similar offence?
2. The antecedents and history of the person.
3. The nature of the theft, for frequently the absurdity of the thing stolen will be valuable as evidence of the mental condition.
4. The existence of epileptic fits.
5. Presence or absence of delusions, hallucinations, or illusions.
6. The general mental condition of the individual, whether excited or depressed, whether of a quiet and moody disposition, or of a jealous or suspicious nature, whether liable to acts of extravagance? Whether the feelings and thoughts are so disordered as to incapacitate from the ordinary vocations of life?
7. Whether there is any hereditary insanity in the family, and if so, as to its nature?

8. Whether there are any blind impulses, which can be either regulated or controlled?

All these must be carefully inquired into, and, as I have said before, that, inasmuch as hereditary madness plays a conspicuous part in kleptomania as well as in other forms of mental disorder, much importance must be given to its consideration.

Feigned Madness.—Having thus described the various symptoms of real madness, I propose now to consider a most important feature, the diagnosis of true mental disease from feigned madness. We can only detect this in some cases after great experience and knowledge of the speciality. The feigner of insanity has always a tendency to exaggerate his symptoms. He will overact his part, especially when he is suspicious that he is being watched. He will try to appear worse than he can possibly be from the nature of his complaint, and there will be a total absence of all bodily illness.

The various forms of mental disorders which can be feigned are acute mania, dementia, monomania, and melancholia. With regard to the first of these, mania, although this may be simulated, it is a difficult thing to impose upon those acquainted with the disease. It is a physical impossibility for a person of sound mind to present the continual watchfulness, excitement, or resistance, seen in the true complaint, or to combat against the influence of the remedies. In most cases of true mania we have certain premonitory indications associated with and accompanying it—disorders of the digestive functions, headache, sleeplessness, a peculiar form of raving, all of which are absent with the simulator. One important characteristic in true

mania is the absence of all feelings of hunger and thirst, and a want of all sense of decency and cleanliness, which cannot be feigned or assumed for any length of time.

Public opinion associates mania with violent raving, together with incoherency of ideas, not recognising the other indications I have just alluded to, which are generally found in true cases of mania, and an absence of which enables those conversant with the complaint to rapidly detect the shammer.

A lunatic, though also talking in an irrational manner, will nevertheless to a certain extent be intelligible. Those intimately associated with him will distinguish his meaning and what he wishes to infer.

The history of the patient and his antecedents will also very materially assist our diagnosis. Can we trace any cause for this sudden lunacy? Has the patient been subject to any worry or unnecessary excitement of late? Are there any family troubles? Can any possible assignable reason be given for this outburst of madness, in one who has generally been regarded as a rational being? Can any explanation be given why it should benefit him to sham madness? All these queries should be carefully considered.

The physical endurance required to enable a sane man to portray the violence and ravings of acute maniacal excitement is so excessive, and the exhaustion so great, that it is a moral impossibility to keep up this deception for any length of time. The feigner sinks from sheer muscular exertion, and the deceit is discovered. A real maniac, when excited and violent, is not, apparently, so affected. The shouting, struggling, and violence in his behaviour do

not so influence him. He rarely appears exhausted. The reaction following the violence of feigned lunacy must end in sleep, the individual being unable to keep up the deception during the night, while sheer exhaustion compels him to fall asleep. The real maniac continues his ravings during many days and many nights, and seems possessed of abnormal powers of endurance, the restless nights not causing any material difference in his condition, or diminution in his strength. The feigner usually imagines that he must naturally be violent and excited, so as to act his part. He cannot realise any other form of insanity apart from this violent type. It is a curious fact that nearly every well-known instance of feigned insanity has been of this character. It is easy to imitate, and is, apparently, in the eyes of the individual, evident and convincing, and the one most likely to effect the purpose for which the feigning is required.

Dementia can be more easily feigned than mania. By this I include every variety of chronic insanity as distinguished from acute mania.

Monomania, the chief characteristics of which, as I have previously stated, are the presence of a false idea or hallucination, might with great ease be simulated. It is with such cases that the medical jurist has so frequently to deal in cases of crime. The most marked distinction between real and feigned cases of monomania is the condition of the power of reasoning. A real monomaniac cannot be reasoned out of his false ideas, in maintaining which he will set all the principles of logic at defiance, which the impostor would not, from a fear of discovery, venture to do.

I will now pass on to consider briefly the means to

be adopted to detect this deception. Great caution and discrimination must be used to prevent a possibility of suspicion arising in the individual we are examining. It will be necessary sometimes to suggest some severe method of treatment, or even of violence, or punishment, this threat being made in the presence or hearing of the individual. The actual cautery has been used to effect this purpose. The insane have an extraordinary power of enduring pain, not so impostors. Chloroform, by inhalation, or the administration of powerful sedatives or narcotics, can sometimes be tried with safety, and with success. The conduct and general behaviour should be assiduously watched by trustworthy and skilled attendants, during the day and also at night. This should be done regularly, relays of attendants being kept for the purpose. If the attack is not the ordinary maniacal type, and there is absence of the violent symptoms, we must endeavour, whilst in conversation, to throw him off his guard, and form our opinion from a comparison with cases of real lunacy of a similar description. An insane person will often try and hide his delusive ideas, whereas a shamner will force them upon us. One of the most important proofs is the absence of any motive for the assumption of a complaint which is regarded with feelings of horror and dismay by humanity in general.

A confirmed miser is considered eccentric. We occasionally meet persons of this description who hoard up their treasures, and deny themselves and their families the ordinary necessities of life. Their conduct is reprehensible in the highest degree; they are not mad, but are ruled by one predominant passion,

that of gain, which is a vice, not a madness, and must be treated as such.

The detection of feigned madness is a very important one, for although the general rules are sufficiently familiar to all, the difficulties are sometimes very great. I will give two or three cases as illustration :

A young criminal was placed in a prison, and to avoid punishment feigned madness; he declined to work, but danced about his cell, sang unconnected words and melodies, and kept up a perpetual humming and growling to himself. He put on a fixed and stupid stare when any one entered his cell, and looked only by stealth at visitors, chiefly fixing his eyes on the wall or ground. To any questions he gave either no answer, or a determinedly incorrect one, thus: "How many days are there in the week?" *A.* "Ten." When asked, "Do you know who you are?" he answered that he did not know the questioner, and had never seen him. On being pressed to say who he was, he said, "A man." He would not recognise any of his daily associates. The simulation was too plain to admit of doubt; and finding that it availed him nothing, he shortly relinquished it.

A young married man, twenty-seven years of age, was accused of perjury. After he had been two months in prison a complete change in his conduct occurred; he declined to answer questions, or answered them vaguely; during the day he was apparently asleep on his bed, and suddenly he would jump up and rush about his cell screaming, and begging that he might be set at liberty, as his dying mother was calling him. Upon the warder entering his cell with

a light he would shout out "Fire!" He was considered insane and sent to an asylum. He was ultimately found to be shamming. Whilst in the asylum he apparently could not give his name, or where he lived, or how old he was, but he said that he had got into prison in consequence of breaking a gold chest open with his hands. He did not know how many brothers and sisters he had, and he always gave false replies as to what he had eaten. Being convinced of his simulation, inducement was made to get him to confess, but he declined. One of the chief reasons that led one to conclude that the assumption was correct was in getting him to add or multiply certain figures, when his varying results differed materially. The case was reported to the authorities, and on the strength of the opinions expressed he was sentenced to two years' hard labour, and on the very day of this sentence there ceased his assumption of madness, and he was perfectly sane.

A woman bought a house, and, being desirous of repudiating her bargain, in order to set aside the sale, she feigned madness. Three experts were appointed to examine her mental condition; she was a fine old lady, partly blind from cataract; her features expressed indifference, her eyes were cast down, but under all this there was a certain feeling of inquietude and unrest. The strangeness of her mental condition was apparently with reference to figures. The experts had been informed that she could neither read nor write; she counted 1, 2, 4, 6, 7, 8, 10, 11, 13, 18; she was asked how many fingers she had on each hand, her answer was "four." She said twice two was six; that she had nine daughters whereas she

had seven ; she said her daughter's name was Babette instead of Catherine ; she did not know the year, and apparently knew nothing of the house she had bought. In reply to this latter question she said, "I have already a house, I should not buy another" ; she continued, "Some people wish to buy my house." She was asked whether she knew the ten commandments, and what was the first ? Her reply being, "I am the Lord thy God, the second is the same, and the third I do not know, the fourth is the same, and the fifth is Thou shalt not honour thy father and mother." The medical men, convinced of her dissembling, notwithstanding the testimony of fourteen witnesses, two of them medical, reported their opinion to the authorities ; and directly after, her pretence of insanity ceased, and she was tried for perjury and convicted.

With regard to the two last cases they evidently believed that everything about them must be perfectly different from other individuals ; that they must not know any one, that they must not write, read, or count correctly. This is very common amongst those who assimilate insanity, and it is on this account that ignorant individuals fail to recognise real mental disorder unless the symptoms be of an acute nature ; in speaking of one in such a condition, they say that he cannot be insane, he knows everyone and conducts himself as a man of understanding ; they conceive that an evil spirit must enter into all the insane, changing every act and feeling of his life. Where they see thought, reflection, and a knowledge of right and wrong, they think that no insanity can exist ; whereas all these are seldom wanting in the insane, and they are frequently very highly developed.

CHAPTER IV

HANDWRITING OF THE INSANE

I NOW propose to give a few specimens of handwriting obtained by me from inmates of lunatic asylums. The style of writing varies with the complaint from which they suffer. The substance of each individual production must be taken into consideration together with the writing itself, as much is learnt from this. I recollect many years ago being present at a Lunacy Commission, held before the late Samuel Warren, Master in Lunacy. To prove the sanity of the alleged lunatic, letters of a very coherent description were produced in court. Much stress was laid by counsel on this point. The judge, however, stated, and no doubt correctly too, that the fact of a person, whose mental state was under consideration, writing a sane letter, was no possible proof of his sanity; yet if, on the other hand, such an individual, presumably of sound mind, writes an insane epistle, this would be strong, and in some instances convincing, evidence of his unsoundness of mind. It is well to recollect this judicial ruling, from the fact that in private practice, when there is contradictory testimony of a man's mental state, there are those who bring forward

apparently sane letters written by him as conclusive evidence of the sanity. There are many certified lunatics capable of writing any amount of sane rational letters, and if their mental state was to be diagnosed by what they write, it would be a dangerous practice. The question is of sufficient importance for me to allude to it previous to presenting the specimens of handwriting, especially as counsel in a case where a will is disputed, or in any similar matter in which the mental condition is under consideration, will often tell the jury that, inasmuch as their client has written a sane letter, he must therefore be regarded as a person of sound mind and testamentary disposition, a most monstrous and unjust statement, but often made to obtain a verdict, and successfully too.

Acute Mania.—It is a most difficult thing to obtain any specimens of the handwriting of patients suffering from acute mania, from the fact that the mind is in a constant state of mental excitement, and the ravings are so continuous that there is rarely, if ever, a quiet moment in which they can compose themselves. The specimens 1, 2, and 3 have been obtained after a considerable amount of difficulty. The first is written by a patient suffering from mental exaltation combined with mania; there is nothing of a marked character to be seen here. The second is written by a patient suffering from recurrent mania, and was written whilst actually in an attack of acute maniacal ravings. The writing is thick, and written evidently whilst in an excited condition, and is of interest from the fact, previously mentioned, under the conditions in which it was penned. In the third

St Augustine, said —

Let my will be so disallowed
in Thy will, that in doing my will,
I may be doing Thy will.

"Jack and Gill went
on the hill
To fetch a pail of water
Jack fell down and
broke his crown
And Gill came
tumbling after —
C.A.D.

In the Convent at Sheffield
I was denied shelter and
hospitality which I offered to pay
for, but then Christian rule forbade
the exercise of Janituary — will you
get the mighty influence of the press
in my behalf — I was a Roman
Catholic. I know that
tyrant power that is working
its way not to benight
but to destroy
nations

Life is real life is earnest.
And the grave is not the goal
For the soul is dead that slumbers
And life is not half so real

'Tis better to have loved &
lost
Than never to have loved
at all

The author has rarely written with
a greater precision in his efforts
and with a larger sympathy

It is a bright morning

8 It is a beautiful morning

I feel pains in ~~the~~ head if I have.

9 to think of anything complicated

10 Love of memory fine day Feb 24

I will leave myself
entirely to - go
11 it is so strange that
I cannot write a
letter properly

Yesterday, when ^{feeling} wearied
with the burden of life,
I heard my breath
distinctly whisper
"Her whole life is
ruined"

it is a fine day
 February 24/98

13
 4 What I cannot understand, but will
 you make matters right, I sometimes
 break a window, because my mind is
 at times, in such a perturbed state.

My dear child

I feel so miserable
 because I am away
 from my husband
 and children

specimen the writing is thin, and the peculiar long lines over the letters are characteristic of the mental excitement during which it was written, the lines are close, and nearly run into each other, also characteristic. The epistle refers to some imaginary wrong, and it was addressed to the editor of one of the evening papers asking for the grievance to be properly ventilated, not an unusual thing for the insane to do.

Melancholia.—There is nothing special to be chronicled in the actual handwriting of melancholic patients. When they are asked to write they generally take much time in doing so, and frequently they will, in writing a letter to their friends, occupy half an hour between each word with their pen hanging over the paper ready to write, but evidently not having sufficient mental concentration to do so. Most melancholics suffer from some sort of disappointed hope, either imaginary or real, and generally the substance of what they write indicates this. The writing in specimens 4, 5, 6, 7, and 8 is weak, and evidently written mechanically after a good deal of hesitation. The lines are thin, the letters uneven. In 9, 10, 11, and 12 the disease is more advanced, and becoming chronic in its nature, the writing is weaker, and indicates a state of nervous exhaustion, the words being slightly penned; in 12 there is, in addition to the melancholia, hallucinations of hearing, which are alluded to by the writer. In 14 and 15 we see complete incoherency in the writing, letters formed double, the writing very scratchy and uneven; the most acute form of melancholia existed in these patients at the time of writing this.

General Paralysis of the Insane.—The writing seen

in this complaint is more characteristic than in any other form of mental disorder. In the earlier stages the words are often scarcely legible, as the patient's mind is in such a state of abnormal mental excitement, that he takes but little care in what he is writing. Many of the lines are unintelligible, but this makes no difference to him, who never takes the trouble to read what he has previously written, and places it straightway into an envelope to send off. Some of the lines are very uneven, whilst the substance of the composition is generally incoherent, and bears reference to the state of mind of the writer. Specimens 16 and 17 are the production of a patient in a very early stage of this malady. He is writing a letter from the asylum in which he is incarcerated, offering to contribute £25,000, and subsequently £20,000, to improve the establishment in which he now is. He is in the stage of general mental exaltation. This letter is in itself a good diagnostic indication of the malady from which he is suffering. Nos. 18 and 19 show the writing of a patient who is even in an earlier stage than the one previously given. The peculiarity of the writing is not so evident, the letters are, however, of a grandiose character, so frequently seen, whilst it is addressed to some public personage so often the case. That marked 20 is a typical example of general incoherency. Here are seen grandiose letters, the frequent underlining of words. This latter is often seen in cases of general paralysis of the insane, and I might say that the frequent underlining of words and lines by any ordinary letter-writer is a symptom of, in some case, "obscure" nervous affection. I always regard, with

Mr J.W. wishes, to see any
visitors or visitor that
come today.

27

His brother is dead
see now
He is at
S. J. W. 1890

also he wishes to know
if any of his lady friends
or Relations are in
V.G. 2 Ladies Side.

To meet them in
The Reception Hall ~~at~~
25.8.97 his wish ~~also~~ —

28

God Save the Queen
frustrate their hearts
confound their
politics

England was conquered by William

The Conqueror in the year 1066.

He defeated King Harold at the
Battle of Hastings, & eventually
subdued the entire country.

29 Many important changes were effected
one being the change of the language
from Saxon into a mixture of French
& Saxon, & many Latin & Greek words
were added to the language.

I am in God, and your hands.

30 Everything around me seems complicated,
worrying, & all gloom and depression.

On the whole

31 are good and

well

2
 Come to me all you that
 heavy laden & I will
 give you rest

Flag Hunter and
 Sumner of her
 majestic ship
 Campania fought
 the Battle of Waterloo
 in 1 day how on
 earth did he get
 there at all

or  34

W I know am to refer

a certain amount of suspicion, the mental condition of such an individual. In 21 is seen the most typical grandiose letters forming the name of Smith. The E in England is certainly of that nature. In the specimens 22 to 26 are marked indications of advanced general paralysis. The inability to write in a straight line, the scratchy nature of the writing, running the words into each other, the misplacement of the words, the inability to form the letters properly, and ultimately the complete obliteration of the sense ending in absolute hieroglyphics, is always seen in the latter stage of the malady. I might say that in 24 is seen the effort of an advanced general paralytic to write "It is a very fine day."

Dementia.—The peculiarity of the writing in specimens 27 and 28 is the thickness of certain words, the scratchy style of some of the writing indicating the suppressed condition of excitement the writer was in at the time; the whole production is characteristic of a mild attack of dementia, the complaint from which he suffered. In 29 there are no abnormal indications, the writing might have been penned by a sane person, instead of by one suffering from partial dementia. In 30 there is again seen the scratchy writing, whilst the substance of what is said indicates the combination of melancholia with dementia. In 31 and 35 are seen the compositions of two patients suffering from senile dementia. The writing here is typical, words are left out, the mind running on rapidly whilst writing; the letters are made unusually thick and indistinct. In 33 is seen the stage between actual dementia and senile dementia, the writing here is as in senile dementia, but not quite so advanced in its

characteristics. In 34 is an attempt of a patient suffering from dementia to write "It is a very wet day." The sentence is peculiar from being one unintelligible mass of strokes, though when written by the patient he was under the mental impression that he was writing a clearly-defined sentence.

Chronic Lunacy.—There are many forms of chronic lunacy. Melancholia may end in it, mania also, and any other form of acute insanity may so terminate, and the characteristics, if any, would resemble those of the original complaint. It is one of the symptoms of chronic lunacy to have a rather free gift of the pen, and for the epistles to be not only very incoherent and blotty, but also very voluminous. Whilst in some instances, as in specimen 36, the writing is quite normal. There is general incoherency in the other specimens given by me, the writing is scratchy, irregular, and in 38 grandiose with delusions, the writing here being very characteristic of the complaint; the lines are thick, as also the letters; there is excitement depicted, not only in the composition and in the way the letters are formed, but also in the manner the sentence is put together. If more had been written, we should probably have seen further underlining of the words so frequently observed in persons of excitability, when under any unusual abnormal excitement, and who are desirous of airing their feelings emphatically.

Strange Cases.—The writer of the envelope 41 and the epistle 42 in all probability suffered from incoherent mania at the time. It was addressed to me and delivered at my house. It is difficult to decipher, though here and there a word may be made out. It

It is related of St Thomas Aquinas that shortly before his death, he fell into a state of profound & rapturous contemplation, & that on returning to himself, contrary to his inveterate custom, he did not sit down to his desk, nor would he consent to dictate anything, although he was still engaged on part of his famous Summary. Even his Secretary who knew him intimately could not account for this. He said with amazement to his Master, My Father why hast thou cast on one side so great a work which thou didst begin for the glory of God & the illumination of the world. All he replied was "Non possum" "I cannot write any more"

37 A woman nobly planned
fit for God and God's
command.

38 I should just
King of Wales
comes next

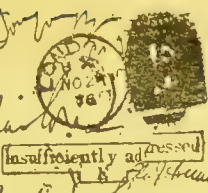
39 It is for new little children
Dear kindly I am ready for tea
Sally Phoebe all

Sibert. The Saxon Sibert the
Saxon would be a continuation

Handwritten notes and signatures at the top left, including "Candida" and "W".

Large, dense, and mostly illegible handwritten scribbles covering the middle left section of the page.

Handwritten text at the bottom left, starting with "The moment I get into company I lose confidence, become agitated..."



My dear Sir, I have this pleasure to
 Place, a general generous form with
 gentle gentle to friends. Many my friend
 first travels, on this delectable Water a Sunday
 superb on Soloma Solent, just left. Years past,
 when we aridly noted Imperious & show the
 Luptuous Water. I by leave, after being cleared
 stupor down Slown steadily slow, but I cannot
 fight, to respectfully recommend you that after
 my earnest longness of happy Health for
 Twelve Years, namely from the last Day of
 1843 to the last Day of 1844, such happy
 Health has deeply declined since the close
 of last Year fairly famed for felicitous
 Felicity; especially since the close of last
 February embracing the Fourth Year, from
 the typical deprecating cordial countenance
 from 1844 inclusive, extremely especially
 since the close of last April whose down
 at constant with food, and occasionally,
 especially since the close of last June to
 full of premature Premises as full of present
 was bounded, until my mind had with great
 to delicious Temperament, double Disease distant Trade.

44

Thus is to make, that, if the Winter
 is not released from this hurried
 Floods, is a perfectly satisfactory
 Shape, before the expiration of the
 month, that allegorical, evocative,
 inebriate, and is far more Indian than
 who abuses the scepter of those Nations,
 will be destroyed; and all those
 pernicious Persons, who personate
 Queen Caroline, to angust the
 Duke of Cambridge will be thus, at least
 before the end of the present Year.

45



June & July [29 to 1] **29 MONDAY** [180-185] 6th & 7th Months **1885**

St. Peter. Quarter Sessions begin

3 o u g t
 - me - the body
 u nt h i -
 h g or h o -
 h o u nt -
 h h o - me
 u - 2 - h
 g e nt h o - h
 o u n h e h

30 TUESDAY [181-184]

3 o u
 g e nt o u th
 h e h nt u
 nt h 2 - h
 o - h o - h
 o - nt - h h
 o - o u h u -
 h g - h o -
 h o - nt - h
 h o - o u h o

1 July WEDNESDAY [182-183]

Letts's Diaries for 1886 ready for Export

3 o u
 g e nt o u th
 h e h nt u
 h e h nt u
 g - h 2 -
 h o h o - h

is a typical specimen of many of such productions which I have occasionally received. Evidently the writer was impressed with the fact that something important was being communicated to me, and at the time of writing each of these incoherent lines signified something in his own mind.

In 43 is the writing of a person suffering from moral insanity, in which he imagines that he is being looked at by strangers—a very common delusion. There is nothing abnormal in the writing.

In 44 the production of a chronic lunatic is characterised by its extreme neatness, this was most conspicuous in the patient himself, who was always extremely tidy in his dress, and in whatever he did. The strange peculiarity of the composition consists in repeating a number of words beginning with the same letter in each, and then changing to another letter. 45 is by the same person.

Partial Imbecility.—The specimen 46 here given resembles shorthand-writing at first observation. It is a page from the diary of a patient who was under my care for many years, the whole diary written in a similar way being in my possession. The patient had a most active mind, and was in no way under any legal restraint, but had his freedom. He was very weak-minded, but never happy unless he was occupied in some work, but of what description it did not matter. He would run messages so long as his attention was engaged. He had no idea of the value of money, and there was evidently arrested mental power. At times he had slight epileptic attacks of a few seconds' duration. He wrote his diary day by day, but he always filled up on the Monday his diary for

Tuesday, it will be observed. He says, "I shall go"; this happened every day, filling up what he was going to do, and completing the day's doings before the actual arrival of that day. His mind followed his pen, and each of these extraordinary lines indicated, to his intelligence, some sort of meaning. I often tried to get him to decipher what he had written, but he was unable to read his own writing one hour after, though he could do so immediately. The style of writing, the formation of letters, the general incoherency in production, is common in such cases, and the specimen is a good and characteristic one of the complaint to which I allude.

CHAPTER V

RELIGIOUS MADNESS

THE world presents itself before us in a twofold aspect of health and disease—the sound and the unsound, both of body and mind. We are living, moving, and acting in the midst of this twofold world, which imparts to the scene around us both its grandeur and defects. The moving panorama appears in varied lights and shades to different eyes. The statesman views it from an elevated point of his own; the man of business and the man of pleasure, each of them look at it from his own standpoint, and through his own particular medium. But the psychologist sees it in its double aspect—the healthy and the diseased, the sane and the insane; and discerns in these two aspects the constituent elements of our daily existence.

Religious madness is by no means peculiar to modern times or to civilised periods. It has been recognised as a particular form of insanity from the earliest era of the world. In ages of ignorance it was regarded as a divine inspiration or *flatus*.

It is the most formidable species of insanity there is; and though it is said to leave the rest of the

mental faculties untouched, yet we can scarcely trust the integrity of the mind that labours under its delusions.

By some it is supposed to be nothing more than an exaggerated sentiment of religion ; and that the person under its influence may, by a sufficient effort of the will, overcome and subdue it. It cannot, however, be regarded as a mere mental emotion to be cherished or discarded at pleasure. No particular disease can be justly said to give rise to it, but it is more than probable that the perverted sentiment of religion provokes some bodily ailment, by its morbid action on the nervous system.

The infatuation usually shows itself by running aground on some of the truths or data acknowledged by all the world. The mind fixes upon a well-known truth, and exaggerates its importance to the exclusion of everything else. The idea enlarges, and at length becomes gigantic ; it grows and increases ; it has no context, and admits of no relationship with any other truth ; it stands alone—it is a monomania. The person so possessed is a dangerous lunatic.

At its first accession it is scarcely discernible ; very frequently it is not so much as suspected by those in immediate contact with it, for in its early stages it is withdrawn from sight by cunning and reserve.

At various periods of our history, religious insanity prevailed very widely as an epidemic, and extended over large portions of the universe. This mental enthusiasm was usually introduced by a particular mind of great energy, exercising its influence over other minds, that one mind being only the exponent of other minds of that particular epoch.

During the fifteenth and sixteenth centuries large numbers of persons were dealt with by law, who at that time were living and acting under the influence of a religious epidemic.

In the reign of Francis I., 1515-47, ten thousand persons were either killed or punished whilst under these religious fanaticisms. The victims of these public persecutions belonged to different grades of society. The individuals selected were chiefly wretched old women, whose ugliness and eccentricities rendered them remarkable, and who were usually members of some of the convents. Large masses of females were submitted to the austerities of these abodes, and consequently suffered from perverted religious ideas, and were attacked with hysterical symptoms. They gloried in the profanation of the religion they had sworn to observe, and also in their professed intercourse with supernatural and diabolical agencies. Incantation was the remedy resorted to: priests and bishops devoted days and nights to the employment of every known mode of expulsion; but instead of any good resulting from their interference, the disease, on the other hand, became contagious in the convent, and frequently epidemic in the neighbourhood, months, even years, elapsing before tranquillity was restored.

The women, who had hitherto lived irreproachably, confessed, whilst under the influence of these paroxysms, to having perpetrated the greatest atrocities and enormities, and they did not hesitate to accuse their dearest relatives and friends as being the principal actors and originators of these crimes. Many of these poor victims were burned, and hundreds perished in consequence of their own morbid religious

ideas. It frequently happened that those who were falsely accused, and excited by the religious ceremonies to which they were subjected, eventually acknowledged all the atrocities attributed to them, and even the priests themselves, though at first firmly ignoring these imaginary delusions, ultimately became the victims of these morbid ideas, and were, so to speak, epidemically seized.

After the suppression, at the time of the Reformation, of what were then called the religious houses, the insane became a wandering body, and were permitted to wander, uncared for by their relatives, about the country naked, and frequently exposed to various forms of insult and degradation. The term "Abrahammen" was universally given to lunatics, who depended upon the charity of others for their livelihood. They pretended to be insensible to all sensation of pain, and allowed various experiments to be made in proof of their being thus destitute of bodily anguish. A writer living in those times alleged that "their skin was quite benumbed, and that they did not feel any inconvenience from punctures, blisters, or setons."

Decker, in the *Bellman of London*, alludes to the beggars of his time, who imitated the "Abrahammen," in order to excite public sympathy and so extort money.

It is impossible to read the history of the irregular and turbulent conduct, or of the groundless and absurd expectations of most fanatics, without concluding that while some were merely designing and wicked, others were actually influenced either by a temporary or a permanent insanity; and it will appear the less wonderful that so many should become insane at the

same time, by a kind of epidemical contagion, when we reflect on the influence of example and of any favourite and popular notion in exciting the wildest and most outrageous extravagances of a misguided mob; if we consider how apt the brain is to be affected by a constant attention to one subject, and how liable such attention is to be excited, when the subject is of a religious nature, and is regarded with emotion and ardour.

A person whose religious education has been imperfected or neglected, and whose temperament is highly susceptible, is suddenly afflicted with some domestic grief. For the first time his eyes are opened to the vanity of life; his heart is softened; he is directed by a pious friend to seek consolation in religion; his conscience is awakened, and he is distressed by the discovery of his own sinfulness and shortcomings; grief and remorse subdue him. The subject is all-engrossing; he reads, and meditates. Sin stands before him like a giant; this life is now to him as nothing—the next is everything; hell gapes at his feet, and he sinks into a fit of despair and gloom. The conscience, once being alarmed, becomes morbidly sensitive, and the new convert begins the work of godly reformation by abjuring amusement as a sin, and the world as a snare. He shrinks with the greatest horror from all former habits, friends, and associations; grows taciturn and morose; and, withdrawing more and more from society, finds himself shunned, in just proportion as he deliberately shuns others.

The understanding is weakened and led astray by religious fervour and excitement, when ill-directed and

unreasonably made use of, and this may terminate in insanity of a most obstinate character. It is difficult at first to fix upon any one isolated fact which is of itself conclusive of a wandering mind; the symptoms are negative rather than positive; it is retirement rather than overtact. Besides, the popular notions are so vague upon the subject of religion, that the world is prone to mistake religious eccentricities for true religion.

The first deviation of the mind from sober reason towards religious insanity is so like an earnest and truthful warmth of feeling on this all-important theme that we are very likely to be deceived by its ingress, and thus incautiously suffer the enemy to steal a long march upon us before we are conscious of its proximity. It is only possible to arrive at a certain conclusion respecting it by remarking attentively the ordinary behaviour of the religious enthusiast. If the religious fervour tends to render the behaviour and motives of conduct more circumspect, sober, and correct than they have hitherto been, we must conclude that it is not insanity; but if, on the contrary, it seizes hold of new ideas, and gives way to eccentric manner or speech, we are wont to suspect the approach of mental disorder. But even in this case it may be nothing more than a passing enthusiasm, a transient paroxysm, and the excitement of the brain passes away without leaving any of its traces behind. But if hallucinations be evinced, then there can be no doubt as to the nature of the case, for there is scarcely any form of religious insanity devoid of hallucinations, spectral illusions, preternatural voices, and special revelations, even in the very incipient stages.

The patient, in the midst of imaginary felicity, fancying himself rich, handsome, and dwelling in a palace, is troubled with mournful thoughts. This state is followed by hallucinations arising in connection with some painful circumstance in his past life. At this conjuncture nothing is more remarkable than the abnormal sentiments and religious ideas which occur suddenly in persons not usually religious. A lunatic with exalted mania swears and blasphemes without the least respect for what is holy. After he has been in this state for some time, his condition is changed; he becomes calm, sober, and sorrowful; he speaks of his sins, of divine mercy, of hell, of the relation between his malady and religion.

Religious insanity very rarely occurs suddenly. It is a disease, as I have before observed, of slow growth, but of persistent and formidable pertinacity. It incubates, or begins with sullenness, moroseness, enthusiastic piety, and slight eccentricities of, at first, an unnoticeable and pardonable description. The patient evinces keen instinctive feelings, and often betrays an almost unaccountable servility, cowardice, or precipitation upon unexpected occasions; this nervousness most probably arising from a strong, though morbid, desire of self-preservation from the fear of hell, both on his own account and those in whom he is interested.

In the early stages of religious insanity a kind of mysterious reserve is maintained, but after a time, and in proportion as this form of peculiar mental aberration matures, the patient seeks to force his sentiments on others; and, if his notions are questioned or rebutted, resents such reception of them as a personal

insult. From conversation he proceeds to preaching and exhortation, often affecting a miraculous conversion. At times he becomes the subject of ecstatic fears, and gives way to extravagances of speech and behaviour; the ideas chase each other swiftly through the mind; but after a time this rapidly ceases, and the ideas become irregular and involuntary; and disease of the brain is surely progressing; there may be indications of softening, atrophy, or inflammation. The conjunctiva is jaundiced, the liver deranged, the decarbonisation of the blood is impeded, the respiration oppressed, the right side of the heart overloaded, and cerebral congestion results.

The conscience becomes timid, and is beset with scruples. Dangerous ideas next occupy the patient's mind, relating to suicide, homicide, infanticide, or pyromania. As the disease progresses the ideas become very much confused; he is restless at night, sleepless, and during the day is in a state of excessive excitement; at the same time a notable change is observed in his dispositions and manners; his appetite becomes abnormal, his person neglected, and he is unable to fix his restless thoughts even momentarily on worldly affairs, however urgent they may be; even domestic ties and affection seem to lose their hold upon him, an utter indifference being evinced for what goes on around him.

In this stage he is undoubtedly the victim of partial insanity; reason has not its fair play; it is not gone; it is not even impoverished, if you can but once break the charm—a work of more than ordinary difficulty, for he is spell-bound by his own conscience, he will be rational enough, and converse upon any

other subject with his customary sense and judgment, but only touch the tender chord of religion, and his rationality takes flight, leaving him insane or foolish.

As the disease progresses, the mental depression increases; he cannot rouse himself from his torpid state of mind, refusing to converse upon any subject except his imaginary wickedness. The delusions chiefly tormenting the patient have reference to his former life or business, and one of the most prominent morbid ideas connected with religious insanity is that "the unpardonable sin" has been committed, and that the victim of this delusion is forsaken by God. The unhappy believer in this sad delusion is generally reduced to the utmost extremity of despondency and despair.

A wonderful singularity is usually met with in the symptoms associated with this variety of mental unsoundness, and it is my intention, as an illustration of the subject, to give an exact description of the symptoms, as given to me verbatim from the lips of a patient I have recently seen. He said: "I am the unhappiest man in the whole earth; my life is the gall and bitterness and bond of iniquity. I feel to be under God's condemnation. I have no comfort in rising up or sitting down, in going out or in coming in. I cannot eat without condemnation. I desire to eat and to drink to satisfy the cravings of nature, but when I partake of God's good creatures I feel it is without God's blessing. I desire God's blessing beyond all expression, for it is that only which maketh rich, and addeth no sorrow with it. I feel my life has been a failure, that my works have not been perfect before God; all men have spoken well of me,

as they did of the false prophets; I have been as much deceived myself as others have been deceived in me. With God actions are weighed, and He will bring every work into judgment, and every secret thought, whether it be good or evil.

"I have been greatly troubled and perplexed in my mind for the past four or five months; difficulties have increased; at first there were temporal losses, but not to such an extent as in ordinary circumstances would have occasioned solicitude; then my mind and spirits were disturbed—I began to predict loss and ruin. For a long time religion has been declining in my soul. I used very highly to prize the Sabbaths, but for the past nine or ten Sabbaths I have not been able, something within has made it in a way impossible to go to God's house, although I would desire His blessing. I have not been able to obtain it; God seems to have laid open to me all my heart and all my life. His promise I can't lay hold of; I fear His dreadful threatenings. I fear God has forsaken me. I have thought all my life long that I sincerely loved my Saviour, and desired to serve Him. There seems to have been two principles striving and working in me: I thought the good was the prevailing one, but I have been deceived. I try to pray, and at times I seem to be able to pray. This world seems to be all in confusion, everything contradictory, men walking in a vain show and disquieting themselves in vain. I feel that I have been a slothful servant, and that I am doomed to everlasting perdition."

This patient passed into a state of acute mania, and had to be fed mechanically.

Another patient thus described his symptoms to me: "I was nervous and morbidly self-conscious from childhood, yet sanguine and physically robust. At fifteen I had a long fit of slight depression of a varying character, and at sixteen I left school, after a very erratic and superficial education.

"Having no definite work, I became a victim to indolence and sin. At eighteen, thinking seriously of religion, I went to hear Moody, who happened, on the day I went, to preach on the subject of restitution and confession. Remembering a petty dishonesty I had committed a short time before, but shrinking from the duty Mr. Moody pointed out, I confided in our clergyman, who, to my horror, considered not only restitution but confession to the injured party necessary. I went through the ordeal, and felt happy and at rest for a few days; but gradually other deeds of a like nature came to my remembrance, and as each of these came back as a barrier between my soul and God, I only gained relief by yielding to the idea that I must make restitution and confession of each, though many of them had been committed in early childhood. This idea became a sort of mania, and carried me terrible lengths, though only mentally, for once my will yielded to these suggestions I had comparative peace; and meantime our clergyman preached highly evangelical sermons, with which I allowed myself to be comforted, but without acting upon them. This darkness passed away, and my vague but happy trust in the God of Nature returned. This faith had no practical influence on my life, however, for I still led the same idle, selfish life, all the while indulging in dreams of amendment in the near future, and of a

noble and useful life to commence. Then my health began to be unsatisfactory. I was taken to Sir A. Clark, and as I was suffering also from severe indigestion, he gave me a table of dietary, which I carried out so religiously that I was reduced to a skeleton. My face had altered so much, and my life seemed to be so quickly slipping away, that I became alarmed; and, nervous depression setting in, I became a victim to remorse and despair, and all the old ideas of restitution and confession returned. At last I was taken to a local doctor, who prescribed six months in bed and a liberal diet. This worked wonders in my body; I gained five stone, but I had had to go through dreadful mental agony in that awful time. I was sent afterwards to Scotland for a change, but life seemed to have lost all its zest, and ever since that illness I have been haunted by a morbid dread of insanity. I still clung, however, to the hope of redeeming the past; but not having been trained to any special line of work, there seemed no place in the world for me, and, feeling that I was not necessary to any one, sank into a state of apathy, and allowed myself to sink so low as to live only to eat. I was restless and unhappy, however, and at last could stand this state of things no longer, and obtained employment as a copying clerk in the City. I grew brighter and more ambitious, and felt my soul growing, but at the same time my physical health was fast deteriorating, and I was conscious of a distressing want of will-power. One day, being oppressed with a dread of insanity being about to attack me, I looked up for strength to endure, and suddenly a great light shone in, and all the darkness and unbelief seemed to lift themselves from my brain.

With this new light, however, came also a terrible nervous fever; all the old melancholy threatened to return, but with my newly-acquired strength I fought against it. This struggle commenced about Easter last, and I have been fighting ever since, but gradually my will-power was exhausted in the face of this terrible melancholy, and I had to let the whole thing go, and now feel more a 'thing' than ever, though much stronger physically. If I think of religion, a fearful terror of God and of eternity comes over me, and my moral sense becomes perverted, so that I feel it wrong to do right. And yet alongside of this there exists a faint trust and a conviction that in earnest prayer and clinging for strength lies my only hope."

The general appearance of a patient when the disease has progressed is characteristic of the mental unsoundness from which he is suffering. He has an anxious expression of countenance, the face is worn, haggard, and pale, and wears a constant frown. He is restless, and appears to be in a most pitiable state. The delusions, as a rule, haunt the patient day and night, and no arguments, however weighty or by whom stated, will make the least alteration in the firm morbid belief. In fact, the stronger the argument against the delusions, the more confirmed will they become.

In these cases the relatives, not recognising the real mental condition, will allow arguments to be brought forward by clergymen and others, in order to disperse the insane notions, but, alas! with no good resulting, but positive injury. For it is not simply a mistaken idea, but a morbid perception, resulting from a brain functionally or organically disordered, and the

person so afflicted is an irresponsible agent, and thus incapacitated by disease from shaking off his mistaken belief.

All patients suffering from religious insanity must be regarded as suicidal. They generally either have a disgust for this life, and are consequently anxious to leave it, or are under a morbid conception of a text of Scripture, and will attempt self-mutilation.

Some patients will artfully seize an opportune moment to conceal a weapon to inflict self-injury. Others will openly and shamelessly avow their intention of destruction, and if left to their own inclinations will starve; frequently this pertinacity in refusing food becomes so excessive that mechanical means have to be used to feed them. The thoughts are generally directed towards the evils of a future existence, and this unseen state causes gloomy anticipations of melancholy and remorse, and they are taunted by self-inflicting imaginations.

Whilst in this state of perturbation and gloom, the very face of nature appears to them obscured, and a veil to be hanging over sun, moon, and earth :—

“Melancholy spreads itself
’Twixt heaven and earth, like envy between man
And man ; and is an everlasting mist.”

The immediate friends and relatives of a patient who has these premonitory symptoms frequently refuse to believe in the opinion, as expressed by the physician, as to the case being one of mental unsoundness, and at the same time will not even regard it as suicidal. Medical men, who have these cases brought under their immediate observation, frequently see frightful

results in consequence of the relatives not following out their advice.

I could narrate many cases which have come under my own observation of persons in the incubatory stage of religious insanity who committed suicide, in consequence of the obstinacy of the friends in refusing either to place the patient under supervision in an asylum, or allow a proper attendant to be placed with him until the dangerous symptoms have subsided.

As the disease advances, the sadness and gloom become excessive; the patient rarely smiles or exhibits any symptom of gratification, seeking solitude and avoiding cheerful society, the mind burdened as if by some hidden sorrow. At times he is irritable, worried, and disturbed by the slightest noise; the least thing contrary to his own individual wish annoys him; he fears danger from the smallest circumstance, and exaggerates the slightest difficulty into one of the greatest importance. Pain and remorse are caused by impressions which were formerly most agreeable to him. He is either in a state of perpetual discontentment, or, by shunning society and seeking solitude, he is able to brood uninterruptedly over his insane imagination.

“ I want to be alone, to find some shade,
Some solitary gloom, there to shake off
These tumultuous cares, that vex my life,
This sick ambition on itself recoiling ;
And there to listen to the gentle voice,
The sigh of peace, something—I know not what—
That whispers transport to my heart.”

The feeling of hatred and indifference often shows itself in a morbid dislike to those by whom he is surrounded. This incipient stage of melancholia is

accurately depicted by Shakespeare: "I have of late—but wherefore I know not—lost all my mirth, foregone all custom of exercises; and indeed it goes so heavily with my disposition that this goodly frame, the earth, seems to me a sterile promontory, this most excellent canopy, the air, look you, this brave o'erhanging firmament, this majestical roof fretted with golden fire, why, it appears no other thing to me than a foul and pestilent congregation of vapours."

The melancholic patient, having been in a state of dread and apprehension for some time, gradually passes into a state of helpless despondency.

Religious insanity is usually of long continuance, and may terminate either in a restoration to a normal state of mind and body, or in incurable insanity and confirmed mania.

This latter is remarkable for its destructive propensities, and depraved state of morality. The mode of its termination depends on the character and general disposition of the patient. Sometimes it terminates in profound insanity and hypocrisy, the most profound and obdurate condition of the mind there is, for the knave knowingly acts a part which he no longer believes to be true. Superstition and fanaticism are other modes of its termination, leading oftentimes to murder, the infliction of bodily cruelties, or revenge, the deadliest of the evil passions.

I propose to consider, very briefly, the intellectual, social, and moral causes of religious insanity. There is in the world a common propensity to create a religion of our own, founded simply upon the instincts of religion. It is, in fact, nothing more than yielding to the instinctive feeling of piety which pervades every



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breast. By mixing up our private feelings with those in common to the rest of the world, without definition or agreement, we confuse ourselves, become puzzled or disgusted, and end by setting forth our own individual feelings in the place of the public standard of rectitude. In so momentous a matter as that of death and futurity, which is, in short, the essence of Christianity, the probability is, that what is private is wrong, and that what is common is right; for true religion is a revelation from external sources, whereas false religions are hallucinations from within. The external law of the Gospel is binding to mankind, but an internal ideality is not binding even to the idealist himself. It has been acutely said that man makes his God like himself, whereas revelation proposes to make man no longer like himself, but like its own great Author.

In an intellectual sense, it is from mistaking a particular idea for universal truth that religious madness springs. This fatal mistake may be the result of imperfect education, or of a particular education on a particular idea; or it may be the result of a mind invincibly defective, perverted or impaired by bodily disease. It is with the two last causes that we are chiefly concerned.

Knowing as we do the all-engrossing nature of religion, and the intensity of the emotion evoked by it in sensitive minds, we should be prepared to expect every form of mental aberration from a perversion of religious truth. Religious madness is usually attributed to religion itself. No such imputation can be lodged; it is more than probable that strong religious sentiment and feeling guides a man rightly

when he would otherwise fail, and that it is actual brain disease which aggravates this sentiment, rather than that this sentiment produces the brain disease, and as a result its manifestation, religious insanity. But it must be admitted that in some cases religious excitement develops mental disorder.

Considering that sensitive minds are generally morbid, the result of organic changes going on in a body morbidly alive to every external stimulant, we shall perceive that religious madness is the complex result of partial knowledge, imperfect faith, excessive sensibility, and cerebral disease combined. Hence the inveteracy of its character, and the difficulty that is experienced in treating it properly and successfully; for it is not a mere mental act, it is not a violent effort of volition, but, on the contrary, it is an excitement upon the abstract truths of religion, originating from, or closely connected with, actual organic changes of structure, so that it has often been affirmed that religious excitement will be found to resolve itself into animal excitement. Religious insanity must be considered as a disease of the brain, and not as a metaphysical alteration and abstraction of ideas. The victim of this form of mental disease is subject to well-marked delusions and hallucinations. These symptoms, especially the latter, indicate very seriously a disturbed circulation through the encephalon, or else actual disease of the brain itself. Hallucinations of the insane are not voluntary, and always co-exist with impaired intelligence, resulting from an impaired or disorganised brain. The consciousness is diseased; the lunatic is often convinced of the truth of the false delusions of which he is conscious.

The several moral intellectual powers and qualities that enter into and make up the mind and character of man are very irregularly distributed.

One is favoured with a large proportion of one faculty and a disproportionally small quantity of another, very little of a third, and none at all of a fourth. From the lowest idiot, who cannot even control his muscular powers so much as to move his limbs rightly, or masticate his food, who neither is gifted with the senses of seeing, hearing, or feeling, up to men of the highest order of intelligence and intellect, are to be found all intermediate grades of intelligence, without an interval between them.

But paramount to this variety of intelligence is consciousness, that fundamental principle of the mind common alike to the understanding, the passions, and the intellect—that faculty which cannot be entirely lost, except by the total destruction of the mind itself. The most miserable idiot is gifted with consciousness, and many of the insane are perfectly conscious of the extravagances they commit. Their motives may be irrational, but their act is a conscious one, be its consequences what they may. But, at the same time, no form of insanity ever exists without a perversion of the conscience, as well as an impairment of one or more of the mental faculties, inducing a loss in the power of comparison. Judgment—and as religious insanity is specifically a disease or error of judgment—it follows therefore that the person religiously insane is incapable of appreciating the value of the just evidences of truth. One of the moral causes of religious insanity is a diseased consciousness interfering with the clearness and independence of the judgment.

The fear of death may be mentioned as another of the moral causes. In many cases, when the conviction that death is imminent and irretrievable, the mind is so depressed that it never afterwards entirely recovers from the shock. Indeed, the mental faculties are so much impaired as to render the account and narrative of these persons often incorrect and exaggerated. They are hallucinated at the moment, deceived by their own sensations, which are perturbed and confused, and which lead them to deceive others without meaning to do so.

I will consider, in conclusion, a few of the special features met with in religious insanity. The zeal which accompanies this variety of insanity is as distinct from true religious conviction and practice as health is from the heat and flurry of stimulants, for the majority of religious madmen have not one correct idea of religion, nor of a single article of faith. The mind, if turned especially to one subject, particularly if it be an abstruse one, cannot dwell on this one idea exclusively for any length of time without incurring a great risk of becoming disordered; and if it does not become visibly deranged, it will form a false perception and estimate of things, and will attach to trivial and unimportant matters a weight and importance they do not deserve.

The greatest number of people are never taught anything properly or accurately. They grow up by chance, they live and die by chance, and, when they die, they depart this life to go they know not where, and to be they know not what. In all of them the religious instinct is innate. They feel they were not born for this short life alone. They are conscious

that they were not meant to die like the beasts that perish. They look upwards to the heavens, and wonder who and what they are. The meanest intelligences among them feel as much as this; and how much more would they not feel and do were they but properly instructed and trained, as moral agents and responsible beings, to play their parts in time, so as to be sure of winning their reward in eternity? The moralist, the philosopher, and the politician cannot contemplate such a critical disorder of society—shall I say of civilised society?—as this without dismay, nor ponder on the future without anxiety and regret.

Religious insanity may be considered as the unavoidable consequence of religious ignorance. Those who have been carefully grounded in their faith can scarcely go mad upon it. It is the same in this respect as in most others—a little knowledge is a dangerous thing. No one can teach himself. At the best, he is only an amateur. Earnest indeed he may be, but if so, only so much the worse, for the more earnest, and if earnest then sincere, the more certain he is of falling into errors, both in matter and form, of the gravest description. To become a proficient he must have a master, go to school, and learn his rudiments, beginning from the beginning, and working upwards to the top. Without this preliminary groundwork every subsequent effort will be contemptible and worthless. Smattering is the bane of every art and science, and so it is of religion.

If it happens to be religion that the inquirer takes up late in life, the mind is exclusively directed to one dogma, doctrine, or point of discipline, to the total neglect of other doctrines, or their partial obscuration;

and this magnified doctrine or dogma is generally one of secondary importance.

A mind untrained in religious discipline is prone to vagaries, and easily becomes deranged at the first peep into the stupendous truths of revelation.

Religious sentiment or instinct enters so materially, as well as so intimately, into every motive and every action, and tinges so deeply and indelibly every thought, implicit or express, that it may be said no event happens in the world which is not a scene in one of the acts of a vast religious drama. It is manifested in every deed, both public and private, and is displayed with the greatest intensity by such as are highly nervous and susceptible. Even the infidel is an actor whose life is passed in braving his own instincts, and the devotee, too, is another actor whose days are passed in nursing and putting forth his instincts. Religious feelings, when intensely professed or denied, whether true or false, cannot fail to leave their traces upon the fine organism of the brain, and heresy, and sometimes mania, is the result. The heretic is often only a religious madman, while, on the other hand, the religious madman is sure to be a heretic, since his insane notions are partially distorted and irrelevant.

The most dangerous errors, both public and private, are the miserable consequences of degenerate piety and ignorant devotion. Wars and cruelties of all kinds have been perpetrated by all parties to root out a hostile creed; and were we to look only on the dark side of Christianity, we might be induced to despair of human happiness both here and hereafter. Fanaticism, folly, and knavery are traceable in every form of

religion, and very distinctly can they be traced in the false superstition so prevalent in the age we live in. Under the cloak of religion what enormities have not been perpetrated, what stupidities have not been enacted, what misery not inflicted, what confusion not created? Were we permitted to do so, we would drop the curtain over the lurid scene, and shut it out from every eye. But this may not be. Its extravagances are the test of its reality, and its abuse the proof of its utility.

CHAPTER VI

SUICIDAL MADNESS

ALL human actions are under the influence and power of example, more than precept, and consequently self-destruction has often been justified by an appeal to the laws and customs of past ages. An undue reverence for the authority of antiquity induces us to rely more upon what has been said or done in former times than upon the dictates of our own feelings and judgment. Many a mistaken individual has formed the most extravagant notions of honour, liberty, and of courage, and, under the impression that he was imitating the noble example of some ancient hero, has sacrificed his life. He may possibly urge in his defence that suicide has been enjoined by positive laws, and allowed by ancient custom, that the greatest and bravest nation in the world practised it, and that the most wise and virtuous sect of philosophers taught that it was an evidence of courage, magnanimity, and virtue. The force of example is one which appeals to the mind of certain individuals, but is in itself based solely on fallacy. A man who has made up his mind to a certain course of action can easily discover reasons to justify him in what he has in contemplation. No

inferences, however deduced from the consideration of the suicides of antiquity, can be logically applied nowadays, as we live under a Christian dispensation. Our notions of honour, of death, and of courage are, in many respects, so dissimilar from those which the ancients entertained that the subject of suicide is placed entirely on a different basis.

In our voyage through life the passions are said to be the gales that swell the canvas of the mental bark. They obstruct or accelerate its course, and render the passage favourable, or full of danger, in proportion as they blow steadily from a proper point, or are adverse or tempestuous. Like the wind itself, the passions are engines of mighty power, and of high importance. Without them we cannot proceed, and with them we may be shipwrecked and lost. Curbed in and regulated, they constitute the source of our most elevated happiness ; but when not subdued, they drive the vessel on the rocks and quicksands of life and ruin us.

“How few beneath auspicious planets born,
With swelling sails make good the promis’d port,
With all their wishes freighted.”

YOUNG.

“In this country,” Dr. Johnson justly observes, “where man’s relations with the world around him are multiplied beyond all example in any other country, in consequence of the intensity of interest attached to politics, religion, amusement, literature, and the arts; where the temporal concerns of an immense proportion of the population are in a perpetual state of vacillation; where spiritual affairs excite in the minds of many great anxiety; and

where speculative risks are daily involving in difficulties all classes of society,—the operation of physical causes in the production of disease dwindles into complete insignificance, when compared with that of anxiety and perturbation of mind.”

“*Mens conscia recti in corpore sano*,” is Horace’s well-known description of the happy man. Lucretius appears to have formed a correct estimate of the most important bodily and mental conditions on which our happiness depends:—

“O wretched mortals! race perverse and blind!
Through what dread, dark, what perilous pursuits,
Pass ye this round of being! Know ye not,
Of all ye toil for, Nature nothing asks,
But for the *body* freedom from disease,
And sweet, unanxious quiet for the mind?”

Like human beings, the sciences are closely connected with, and are mutually dependent upon, one another. The link in the chain may not be apparent, but it has a real and palpable existence. Medical and moral science are more nearly allied than we should, *à priori*, conclude. We speak of the science of medicine, not the practice of it; for, like judgment and wit, or, as the author of the *School for Scandal* ironically observes, “like *man and wife*, how seldom are they seen in happy union.” Garth feelingly alludes to this unnatural divorce:—

“The healing art now, sick’ning, hangs its head,
And, once a *science*, has become a *trade*.”

Psychological medicine has been sadly neglected. We recoil from the study of mental philosophy as if we were encroaching on holy ground. So great is the

prejudice against this branch of science, that it has been observed that to recommend a man to study metaphysics was a delicate mode of suggesting the propriety of confining him in a lunatic asylum!

In order to become a useful physician, it is necessary to become a good metaphysician; so says a competent authority. It was not, however, Dr. Cullen's intention to recommend that species of philosophy which confounds the mind without enlightening it, and which, like an *ignis fatuus*, dazzles only to lead us from the truth. To the medical man we can conceive no preliminary study more productive of advantage than that which tends to call into exercise the latent principle of thought, and to accustom the mind to close, rigid, and accurate observation. The science of mind, when properly investigated, teaches us the laws of our mental frame, and shows us the origin of our various modes and habits of thought and feeling, how they operate upon one another, and how they are cultivated and repressed. It disciplines us in the art of induction, and guards us against the many sources of fallacy in the practice of making inferences. It gives precision and accuracy to our investigations, by instructing us in the nicer discriminations of truth and falsehood.

The value of mental philosophy as a branch of education will be properly appreciated, when we consider that this ennobling principle was given to us for the purpose of directing and controlling our powers and animal propensities, and bringing them into that subjection whereby they become beneficial to the individual and to the world at large, enabling him to exchange with others those results which the power

of his own and the gigantic efforts of other minds have developed; maintaining and perpetuating the most dignified and exalted state of happiness, the attribute of social life; unfolding not only treasures which the concentrated powers of individuals are enabled to discover, but developing those more quiet and unobtrusive characteristics of virtuous life, those social affections which are alone calculated to make our present state of being happy.

Independently of the utility of study, what a world of delight is open to the mind of that man who has devoted some portion of his time to the investigation of his mental organisation! In him we may truly behold—

“Nature, gentle, kind,
By culture tamed, by liberty refreshed,
And all the radiant fruits of truth matured.”

When we take into consideration the tremendous influence which the different mental emotions have over the bodily functions, when we perceive that violent excitement of mind will not only give rise to serious functional disorder, but actual organic disease, leading to the commission of suicide, how necessary does it appear that he to whose care is entrusted the lives of his fellow-creatures should have made this department of philosophy a matter of serious consideration! It is no logical argument against the study of mental science to urge that we are in total ignorance of the nature or constitution of the human understanding. We know nothing of the nature of objects which are cognisable to sense, and which can be submitted to actual experiment, and yet we are not

deterred from the investigation of their properties and mutual influences. The passions are to be considered, in a medical point of view, as a part of our constitution. They stimulate or depress the mind, as food and drink do the body. Employed occasionally, and in moderation, both may be of use to us, and are given to us by nature for this purpose; but when urged to excess, the system is thrown off its balance, and disease is the result.

To the medical philosopher, nothing can be more deeply interesting than to trace the reciprocity of action existing between different mental conditions, and affections of particular organs. Thus the passion of fear, when excited, has a sensible influence on the action of the heart; and when the disease of this organ takes place independently of any mental agitation, the passion of fear is powerfully roused. Anger affects the liver, and frequently gives rise to an attack of jaundice; and in hepatic and intestinal disease, how irritable the temper is!

Hope, or the anticipation of pleasure, affects the respiration; and how often do we see patients in the last stage of pulmonary disease entertaining sanguine expectations of recovery to the very last!

As the passions exercise so despotic a tyranny over the physical economy, it is natural to expect that the crime of suicide should often be traced to the influence of mental causes. In many cases, it is difficult to discover whether the brain, the seat of the passions, be primarily or secondarily affected. Often the cause of irritation is situated at some distance from the cerebral organ; but when the fountain-head of the nervous system becomes deranged, it will react on the

bodily functions, and produce serious disease long after the original cause of excitement is removed. It is not my intention to attempt to explain the *modus operandi* of mental causes in the production of the suicidal disposition. That such effects result from an undue excitement of the mind cannot for one moment be questioned. Independently of mental perturbation giving rise to maniacal suicide, there are certain conditions of mind, dependent upon acquired or hereditary disposition, or arising from a defective expansion of the intellectual faculties, which originate the desire for self-destruction.

Some idea of the influence of certain mental states on the body will be obtained by an examination of the various tables which have been published in this and other countries respecting the causes of suicide, as far as they could be ascertained. Out of 4337 suicides in London :—

Indication of Causes.	Men.	Women.
Poverty	905	511
Domestic grief	728	524
Reverse of fortune	322	283
Drunkenness and misconduct	287	208
Gambling	155	141
Dishonour and calumny	125	95
Disappointed ambition	122	410
Grief from love	97	157
Envy and jealousy	94	53
Wounded self-love	53	53
Remorse	49	37
Fanaticism	16	1
Misanthrophy	3	3
Causes unknown	1381	377
Total	4337	2853

Madame N——, once a famous dancer at the French opera-house, was taken to task by her husband for not acquitting herself so well in the ballet as she usually did. She exhibited indications of passion at the, as she thought, unmerited reproof. When she arrived home, she resolved to die, but was much puzzled to effect her purpose. The next morning, she purchased a potent poison, but when she returned to her home she found that her husband looked suspiciously at her, and appeared to watch her movements. She then made up her mind to take the fatal draught in the evening, as she was going in the carriage to the opera. She accordingly did so; the poison did not have an immediate action. The ballet commenced, and Madame N—— was led on the stage; and it was not until she had commenced dancing that she began to feel the draught producing the desired effect. She complained of illness, and was removed to her dressing-room, where she expired in the arms of her husband, confessing that she had, in a fit of chagrin at his rebuke, swallowed poison!

A young gentleman, of considerable promise, of high natural and acquired attainments, had been solicited to make a speech at a public meeting, which was to take place in the town in which he resided. As he had never attempted to address extemporaneously a public body, he expressed himself extremely nervous as to the result, and asked permission to withdraw his name from the published list of speakers. This wish was not, however, complied with, as it was thought that when the critical moment arrived he would not be found wanting even in the art of public speaking. He had prepared himself with considerable

care for the attempt. His name was announced from the chair, when he rose for the purpose of delivering his sentiments. The exordium was spoken without any hesitation; and his friends felt assured that he would acquit himself with great credit. He had not, however, advanced much beyond his prefatory observations, when he hesitated, and found himself incapable of proceeding. He then sat down, evidently excessively mortified. In this state, he retired to a room where the members of the committee had previously met, and cut his throat with his penknife. He wounded the carotid artery, and died in a few minutes.

In considering the influence of mental causes, I shall, in the first instance, point out the effects of certain passions and dispositions of the individual on the body; then investigate the operation of education, irreligion, and certain unhealthy conditions of the mind which predispose the individual to derangement and suicide.

There is no passion of the mind which so readily drives a person to suicide as remorse. In these cases, there is generally a shipwreck of all hope. To live is horror; the infuriated sufferer feels himself an outcast from God and man; and though his judgment may still be correct upon other subjects, it is completely overpowered upon that of his actual distress, and all he thinks of and aims at is to withdraw with as much speed as possible from the present state of torture, totally regardless of the future.

“I would not if I could be blest,
I want no other paradise but rest.”

The most painfully interesting and melancholy

cases of insanity are those in which remorse has taken possession of the mind. Simon Brown, the dissenting clergyman, fancied that he had been deprived by the Almighty of his immortal soul, in consequence of having accidentally taken away the life of a highwayman, although it was done in the act of resistance to his threatened violence, and in protection of his own person. Whilst kneeling upon the wretch whom he had succeeded in throwing upon the ground, he suddenly discovered that his prostrate enemy was deprived of life. This unexpected circumstance produced so violent an impression upon his nervous system, that he was overpowered by the idea of an involuntary homicide, and for this imaginary crime fancied himself ever afterwards condemned to one of the most dreadful punishments that could be inflicted upon a human being.

A young lady was one morning requested by her mother to stay at home; notwithstanding which, she was tempted to go out. Upon returning to her domestic roof, she found that the parent whom she had so recently disobliged had expired in her absence. The awful spectacle of a mother's corpse, connected with the filial disobedience which had almost immediately preceded, shook her reason from its seat, and she has ever since continued in a state of mental derangement.

"No disease of the imagination is so difficult to cure as that which is complicated with the idea of guilt; fancy and conscience then act interchangeably upon us, and so often shift their places, that the illusions of one are not distinguished from the dictates of the other. If fancy presents images not moral or

religious, the mind drives them away when they give pain ; but when melancholy notions take the form of duty, they lay hold on the faculties without opposition, because we are afraid to exclude or banish them.”¹

How accurately has the poet depicted the tortures, the sleeplessness, of a guilty conscience :—

“ Though thy slumber may be deep,
Yet thy spirit shall not sleep ;
There are shades which will not vanish,
There are thoughts thou canst not banish ;
By a power to thee unknown,
Thou canst never be alone ;
Thou art wrapt as with a shroud,
Thou art gathered in a cloud ;
And for ever shalt thou dwell
In the spirit of this spell.”

A woman and her husband had been employed in a French hospital as servants for a considerable time. Having left their situations, the wife, *thirty years* afterwards, declared she heard a voice within commanding her to repair instantly to the Chief Commissioner of police, and confess the thefts she had committed during the time she was at the hospital. The fact was, that she had been guilty of appropriating occasionally to her own use a portion of the food supplied for the patients attached to the institution. The Commissioner listened to the woman's story, and her demand that she should be punished, but refused to take any cognisance of the offence. She returned home, and for some time was extremely dejected. She became so miserable that existence was no longer desirable ; and as the legal tribunals refused to punish

¹ Dr. Johnson's *Rasselas*.

her, she determined on suicide, which she committed at the age of fifty-one.

It is admitted, by almost universal consent, that there is no affection of the mind that exerts so tremendous an influence over the human race as that of love.

“To love, and feel ourselves beloved,”

is said to constitute the height of human happiness. This sacred sentiment, which some have debased by the term passion, when unrequited and irregular, produces the most baneful influence upon the system.

“A youthful passion, which is conceived and cherished without any certain object, may be compared to a shell thrown from a mortar by night; it rises calmly in a brilliant track, and seems to mix, and even to dwell for a moment with the stars of heaven; but at length it falls—it bursts—consuming and destroying all around, even as itself expires.”

From the constitution of woman, from the peculiar position which she of necessity holds in society, we should, *à priori*, have concluded that in her we should see manifested this sentiment in all its purity and strength. Such is the fact. A woman's life is said to be but the history of her affections. It is the soul within her soul, the pulse within her heart, the life-blood along her veins, “blending with every atom of her frame.” Separated from the bustle of active life, isolated like a sweet and rare exotic flower from the world, it is natural to expect that the mind should dwell with earnestness upon that which is to constitute almost its very being, and apart from which it has no existence.

"Alas ! the love of woman, it is known
To be a lovely and a fearful thing ;
For all of theirs upon that die is thrown ;
And if 'tis lost, life hath no more to bring
To them, but mockeries of the past alone."

BYRON.

The term "broken heart" is not a mere poetical image. Cases are recorded in which that organ has been ruptured in consequence of disappointed love. Let those who are sceptical as to the fact that physical disease so often results from blighted affection visit the wards of our public and private asylums. In those dreary regions of misery they will have an opportunity of witnessing the wreck of many a form that was once beauteous and happy. Ask their history, and you will be told of holy and sincere affection nipped in the bud, of wild and passionate love strangled at its birth, of the death of all human hopes, of a severance from those about whom every fibre of the soul had entwined itself. Silent and sullen grief, black despair,

"And laughter loud, amid severest woe,"

are the painful images that meet the eye at every step we take.

In this country, the great majority of the cases of insanity among women in our establishments devoted to the reception of the insane can clearly be traced to unrequited and disappointed affection. This is not to be wondered at, if we consider the present artificial state of society. We make "merchandise of love"; both men and women are estimated, not by their mental endowments, not by their moral worth, not by their capacity of making the domestic fireside

happy, but by the length of their respective purses. Instead of seeking for a heart, we look for a dowry. Money is preferred to intellect; pure and unadulterated affection dwindles into nothingness, when placed in the same scale with titles and worldly honours.

“And Mammon wins his way,
Where seraphs might despair.”

How little do those who ought to be influenced by more elevated motives calculate the seeds of wretchedness and misery which they are sowing for those who, by nature, have a right to demand that they should be actuated by other principles!

“Shall I be won
Because I’m valued as a *money-bag*?
For that I bring to him who winneth me,”¹

says Catherine, in the spirit of honest indignation. It should be remembered that “wedlock joins nothing, if it joins not hearts.”

How many melancholy cases of suicide can clearly be traced to this cause! Death is considered preferable to a long life of unmitigated sorrow. When the heart is seared, when there exists no “green spot in memory’s dreary waste,” when all hope is banished from the mind, and wretched loneliness and desolation take up their residence in the heart, need it excite surprise that the quiet and rest of the grave is eagerly longed for? If a mind thus worked upon be not influenced by religious principles, self-destruction is the idea constantly present to the imagination.

Of all the sufferings, however, to which we are

¹ *Love.*

exposed during our sojourn below, nothing is so truly overwhelming and irreparable as the death of one with whom all our early associations are inseparably linked—one endeared to us by the most pleasing recollections. Death leaves a blank in our existence; a cold shuddering shoots through the frame, a mist flits before our eyes, darkening the face of nature, when the heart that mingled all its feelings with ours lies, cold and insensible, in the silent grave.

As long as life lasts, there is hope; but death snatches every ray of consolation from the mind. The only prop that supported us is removed, and the mansion crumbles to the dust; the mind becomes utterly and hopelessly wrecked. To say that this is but the effect on understandings constitutionally weak, is to say what facts will not establish. The most elevated and best-cultivated minds are often the most sensitively alive to such impressions.

Few passions tend more to distract and unsettle the mind than that of jealousy. Insanity and suicide often owe their origin to this feeling. One of the most terrific pictures of the dire effects of this "green-eyed monster" on the mind is delineated in the character of Othello. In the Moor of Venice we witness a fearful struggle between fond and passionate love and this corroding mental emotion. Worked upon by the villainous artifices of Iago, Othello is led to doubt the constancy of Desdemona's affection; the very doubt urges him almost to the brink of madness; but when he feels assured of her guilt, and sees the gulf into which he has been hurled, and the utter hopelessness of his condition, he abandons himself to despair. Nothing which the master spirit of Shake-

speare ever penned can equal the exquisitely touching and melting pathos of the speech of the Moor, when he becomes perfectly conscious of the wreck of one around whom every tendril of his heart had indissolubly interwoven itself. To be forcibly severed from one dearer to us than our own existence is a misfortune that requires much philosophy to bear up against; to be torn from a beloved object by death, to feel that the earth encloses in its cold embrace the idol of our affections, freezes the heart; but to be separated from one who has forfeited all claim to our affection and friendship, and who still lives, but lives in dishonour, must be a refinement of human misery. Need we then wonder that, when influenced by such feelings, Othello should thus give expression to the overflowings of his soul:—

“O, now, for ever
Farewell the tranquil mind ! farewell content !
Farewell the plumed troop, and the big wars,
That make ambition virtue ! O, farewell !
Farewell the neighing steed, and the shrill trump,
The spirit-stirring drum, the ear-piercing fife,
The royal banner, and all quality,
Pride, pomp and circumstance of glorious war !
And, O you mortal engines, whose rude throats
The immortal Jove’s dread clamours counterfeit,
Farewell ! Othello’s occupation’s gone !”

It is under the infliction of such a concentration of misery that many a mind is shattered, and that death is courted as the only relief within its grasp. Othello having discovered, when it was too late, that he had wrongly suspected Desdemona, and had sacrificed the life of the sweetest creature on earth, a combination of passions drives him to distraction, and

under their influence he plunges the dagger into his heart. Jealousy was not, as some have supposed, the exclusive cause of Othello's suicide.

The great increase of the crime of suicide has been referred by many able physicians of the present day to the political excitement to which the minds of the people have been exposed of late years. In despotic countries, suicide and insanity are seldom heard of; the passions are checked by the nature of the government. The imagination is not elevated to an unhealthy standard; every man is compelled to follow the calling in life to which he is born, and for which he has capacity; and on this account the evil and corrupt dispositions of the mind are, to a certain extent, kept in abeyance. In republican governments, the greatest latitude is allowed to the turbulent passions; all mankind are theoretically placed on an equality; the man whose "talk is of bullocks," considers himself as fit to carry on the complicated business of government, as he whose education, associations, and experience tend to qualify him for the duties of a legislator.

In proportion as men are exposed to the influence of causes which excite the passions, so will they become predisposed to mental derangement in all its forms. The French and American Revolutions increased considerably the crime of suicide. It has been said that during the "reign of terror" statistical evidence does not show that self-murder was more common than at any other period. Perhaps the alleged infrequency of suicide may be attributed to the circumstance of the French people having been so busy in killing others that they had no time to think

of killing themselves. More than the average number of suicides may not have really occurred during the crisis of the Revolution; but it is an undisputed fact that, both before and after that political convulsion, self-destruction prevailed to an alarming extent. Disappointed hopes, wounded pride and vanity, blighted ambition, loss of property, death of friends, disgust of life, all came into active operation after the turbulence and bloodshed of the Revolution had somewhat subsided. These passions, working upon minds easily excited, and not under the benign influence of religion, it was almost natural to expect that great recklessness of life should be exhibited. Such facts demonstrate to us the folly of uselessly exciting the passions of the people, and raising in their minds exaggerated expectations from political changes.

There is no more frequent cause of suicide than visceral derangement, leading to melancholia and hypochondriasis. It has been a matter of dispute with medical men whether hypochondriacal affections have their origin in the mental or physical portion of the economy. Many maintain that the mind is the seat of the disease; others, that the liver and stomach are primarily affected, and the brain only secondarily. In this disputed point, as in most others, truth will generally be found to lie between the two extremities. That cases of hypochondria and melancholia can clearly be traced to purely mental irritation cannot for one moment be disputed; and that there are many instances in which the derangement appears to have commenced in one of the gastric organs is as equally self-evident. Whatever may be the origin of these affections, there can be no doubt of their producing

most disastrous consequences. Burton's account of the horrors of hypochondria is truly graphic. "As the rain," says Austin, "penetrates the stone, so does this passion of melancholy penetrate the mind. It commonly accompanies men to their graves. Physicians may ease, but they cannot cure it; it may lie hid for a time, but it will return again, as violent as ever, on slight occasions, as well as on casual excesses. Its humour is like Mercury's weather-beaten statue, which had once been gilt, the surface was clean and uniform, but in the chinks there was still a remnant of gold; and in the purest bodies, if once tainted by hypochondria, there will be some relics of melancholy still left, not so easily to be rooted out. Seldom does this disease produce death, except (which is the most grievous calamity of all) when these patients make away with themselves—a thing familiar enough amongst them, when they are driven to do violence to themselves to escape from present insufferable pain. They can take no rest in the night, or, if they slumber, fearful dreams astonish them. Their soul abhorreth all meat, and they are brought to death's door, being bound in misery and in iron. Like Job, they curse their stars, for Job was melancholy to despair, and almost to madness. They are weary of the sun, and yet afraid to die, *vivere nolunt et mori nesciunt*. And then, like Æsop's fishes, they leap from the frying-pan into the fire when they hope to be cured by means of physic—a miserable end to the disease; when ultimately left to their fate by a jury of physicians, are furiously disposed; and there remains no more to such persons, if that Heavenly Physician, by His grace and mercy (whose aid alone avails) do

not heal and help them. One day of such grief as theirs is as a hundred years ; it is a plague of the sense, a convulsion of the soul, an epitome of hell ; and if there be a hell upon earth, it is to be found in a melancholy man's heart. No bodily torture is like unto it ; all other griefs are swallowed up in this great Euripus. I say the melancholy man then is the cream and quintessence of human adversity. All other diseases are trifles to hypochondria ; it is the pith and marrow of them all ! A melancholy man is the true Prometheus, bound to Caucasus ; the true Tityrus, whose bowels are still devoured by a vulture."

A young lady, after eating some heavy paste, was attacked by a sensation of burning heat at the pit of the stomach, which increased till the whole of the upper part of the body, both externally and internally, appeared to her to be all in flames. She rose up suddenly, left the dinner table, and ran into the street, from which she was immediately brought back. She soon came to herself, and thus described her horrible ideas. She declared that she had been very wicked, and had been dragged into the flames of hell. She continued in a precarious situation for some time. Whenever she experienced the burning sensation of which she first complained, the same dreadful thoughts occurred to her mind. She seized hold of whatever was nearest to prevent her from being forced away ; and such was her alarm that she dreaded to be alone. This lady had long been distressed by family concerns, and harassed by restless and sleepless nights, which greatly affected her health.

Dr. Johnson used to declare that he inherited "a vile melancholy" from his father, which made him

"mad all his life, or, at least, not sober." Insanity was his constant terror. Boswell says that, at the period when this great philosopher was giving to the world proofs of no ordinary vigour of understanding, he actually fancied himself insane, or in a state as nearly as possible approaching to it.

Murphy says, "For many years before Johnson's death, so terrible was the prospect of final dissolution, that when he was not disposed to enter into the conversation which was going forward, he sat in his chair repeating the well-known lines of Shakespeare—

"To die, and go we know not where."

Like Metastasio, he would not, if he could help it, permit the word death to be pronounced in his presence. Boswell once introduced the topic in the course of conversation, which made Johnson highly indignant. He observed that he never had a moment in which it was not terrible to him.

Three or four days before he died he declared that he would give one of his legs for a year more of life. The ruling passion was exhibited strong in death. At Dr. Johnson's own suggestion, the surgeon was making slight punctures in the legs, with the hope of relieving his dropsical affection, when he cried out, "Deeper! deeper! *I want length of life*, and you are afraid of giving me pain, which I do not value."

If we had not a thorough conviction that this fear of death was but the result of physical disease, which no moral and religious principles could subdue, Dr. Johnson's conduct towards the end of his life would excite a feeling in our mind towards him very opposite to that of respect.

With reference to suicide, there is no fact that has been more clearly established than that of its hereditary character. Of all diseases to which the various organs are subject, there are none more generally transmitted from one generation to another than affections of the brain. It is not necessary that the disposition to suicide should manifest itself in every generation; it often passes over one and appears in the next, like insanity unattended with this propensity. But if the members of the family so pre-disposed are carefully examined, it will be found that the various shades and gradations of the malady will be easily perceptible. Some are distinguished for their flightiness of manner, others for their strange eccentricity, likings and dislikings, irregularity of their passions, capricious and excitable temperament, hypochondriasis and melancholia. These are often but the minute shades and variations of a hereditary disposition to suicidal madness. A gentleman suddenly, and without any apparent reason, cut his throat. The father had always been a man of strong passions, easily roused, and when so, was extremely violent. The brother was a man of impulse; he always acted by fits and starts, and therefore never could be depended upon. The sister had a strange, unnatural, and superstitious horror of particular colours and odours. A yellow dress caused a feeling approaching to syncope, and the smell of hay produced great nervous excitement. The grandfather had been convicted of homicide, and had been confined for two years in a madhouse.

Andral relates the case of a father who died from the effects of disease of the brain; the mother died

sane. They had six children—three boys and three girls. Of the boys, the eldest was a man of original mind; the second was very extravagant in his habits, and was ultimately confined in a madhouse; the third was extremely violent in his temper. Of the girls, one had fits of apoplexy, and became insane; the third died of cholera, not, however, until she exhibited indications of mental aberration.

A case more singular than the last is recorded. All the members of a particular family, being hereditarily disposed, exhibited, when they arrived at a certain age, a desire to commit self-destruction. It required no exciting cause to develop the fatal disposition. No wish was expressed, or attempt made, to overpower the suicidal inclination, and the greatest industry and ingenuity were exercised by the parties in order to effect their purpose. In two cases the propensity was subdued by proper medical and moral treatment; but, just in proportion to its being suppressed, did the idea of suicide appear to fix itself resolutely in the mind. The desire came upon the individuals like the attacks of intermittent fever.

A. K., a man aged fifty-seven, was twice married. He was a shoemaker by trade, but not having received any education, his wife was compelled to attend to all his accounts. He had experienced, when young, a blow on the head, which occasionally gave him pain. He became very intemperate in his habits, and at particular intervals he exhibited an uncontrollable temper, quarrelled with everybody, neglected his business, abused his wife, and became extravagant and melancholy. During the paroxysm he would exclaim, "*Oh, my unlucky head! I am again a lost man!*"

When the attack subsided he returned to his business, was affectionate to his wife and family, most humbly begged her pardon for having ill-treated her, and expressed the greatest contrition for his conduct. These attacks came on at regular intervals. He procured a piece of rope for the purpose of hanging himself, and for some months carried it about with him in his pocket for that purpose. During one of his fits he effected his object. His grandfather had strangled himself, and his brother and sister had attempted suicide.

Dr. Gall knew several families in which the suicidal propensity prevailed through several generations. Among the cases he mentions is the following very remarkable one:—

“The *Sieur Ganthier*, the owner of various houses, built without the barriers of Paris, to be used as *entrepôts* of goods, left seven children, and a fortune of about two millions of francs to be divided among them. All remained at Paris, or in the neighbourhood, and preserved their patrimony; some even increased it by commercial speculations. None of them met with any real misfortunes, but all enjoyed good health, a competency, and general esteem. All, however, were possessed with a rage for suicide, and all seven succumbed to it within the space of thirty or forty years. Some hanged, some drowned themselves, and others blew out their brains. One of the first two had invited sixteen persons to dine with him one Sunday. The company collected, the dinner was served, and the guests were at the table. The master of the house was called, but did not answer; he was found hanging in the garret. Scarcely an hour

before he was quietly giving orders to his servants and chatting with his friends. The last, the owner of a house in the Rue de Richelieu, having raised his house two storeys, became frightened at the expense, imagined himself ruined, and was anxious to kill himself."

A common cause of suicide is the feeling of false pride. The only reason assigned for the desperate act of Elizabeth Moyes—who threw herself from the monument—was that, owing to the reduced circumstances of her father (a baker), it was determined that she should procure a situation at a confectioner's and support herself. This she allowed to prey upon her mind, although she expressed a concurrence in the propriety of the course suggested. How true it is—

"Abstract what others feel, what others think,
All pleasures sicken, and all glories sink."

POPE.

Owing to the fictitious notions abroad in society, the ridiculously false views which are taken of worldly honours, the ideas which a sickly sentimentality infuses into the mind, this feeling is engendered, to an alarming extent, through the different ranks of society. This constitutes one great element which is undermining and disorganising our social condition. A fictitious value is affixed to wealth and position in the world; it is estimated for itself alone, all other considerations being placed out of view.

"None think the great unhappy but the great."

Vatel committed suicide because he was not able to prepare as sumptuous an entertainment as he wished for his guests.

One cannot conceive how this evil is to be obviated, unless it be possible to revolutionise the ideas which are generally attached to fame and worldly grandeur. It is difficult to persuade such persons that the end of fame is merely—

“To have, when the original is dust,
A name, a wretched picture, and worse bust.”

There is a nameless, undefinable something that the world is taught to sigh after—is always in search of; a moral *ignis fatuus*, which is dazzling to lead it from the road which points to true and unsophisticated happiness.

Persons naturally proud are less able than others to bear up against the distresses of life; they are more severely galled by the yoke of adversity; and hence this passion often produces mental derangement. Such characters exhibit a morbid desire for praise; it acts like moral nourishment to their souls; it is a stimulus that is almost necessary to their very being, forgetting that—

“Praise too dearly loved, or warmly sought,
Enfeebles all eternal weight of thought;
Till the fond soul, within itself unblest,
Leans for all pleasure on another’s breast.”

It has been said that after the death of Josephine, and when Buonaparte was overwhelmed with misfortunes, he attempted suicide. Those who consider Napoleon immaculate, deny the accuracy of the charge. But I give Sir Walter Scott’s account of the transaction referred to. “Buonaparte,” he observes, “belonged to the Roman school of philosophy,

and it is confidently reported by Baron Fane, his secretary—though not universally believed—that he designed to escape from life by an act of suicide. The Emperor, according to this account, had carried with him, ever since his retreat from Moscow, a packet containing a preparation of opium, made up in the same manner with that used by Condorcet, for self-destruction. His valet-de-chambre, in the night of the 12th or 13th of April, heard him arise and pour something into a glass of water, drink, and return to bed. In a short time afterwards the man's attention was called by sobs and stifled groans; an alarm took place in the chateau; some of the principal persons were roused, and repaired to Napoleon's chamber. Yvan, the surgeon who had procured him the poison, was also summoned; but hearing the Emperor complain that the operation of the potion was not quick enough, he was seized with a panic of terror and fled from the palace at full gallop. Napoleon took the remedies recommended, and a long fit of stupor ensued, with profuse perspiration. He awakened much exhausted, and surprised at finding himself still alive. He said aloud, after a few moments' reflection, 'Fate will not have it so,' and afterwards appeared reconciled to undergo his destiny without similar attempts at personal violence." Napoleon's illness was, at the time, imputed to indigestion. A General of the highest distinction transacted business with Napoleon on the morning of the 13th of April. He seemed pale and dejected, as from recent and exhausting illness. His only dress was a night-gown and slippers, and he drank, from time to time, a quantity of some liquid, which was placed beside him, saying he had

suffered severely during the night, but that his complaint had left him.¹

I cannot conceive a more piteous condition than that of a man of great ambition without the powers of mind which are indispensable for its gratification. In him a constant contest is going on between an intellect constitutionally weak and a desire to distinguish himself in some particular department of life. How often a man so unhappily organised ends his career in a madhouse, or terminates his miserable existence by suicide! Let men be taught to make correct estimates of their own capabilities, to curb in the imagination, to cease "building castles in the air," if we wish to advance their mental and bodily health. "*Ne sutor ultra crepidam*," said Apelles to the cobbler. A young man who "penned a stanza" blew out his brains because he had failed in inducing a London publisher to purchase an epic poem which he had written, and which he had the vanity to conceive was equal to *Paradise Lost*, forgetting that, in order to be a poet,—

"Nature's kindling breath
Must fire the chosen genius; nature's hand
Must string his nerves and imp his eagle wings."

That this state of mind predisposes and often leads to the commission of suicide, numerous cases testify.

Despair often drives men to suicide. The dread of poverty and want; the hopes in which we often injudiciously place too much of our happiness entirely blasted; either honest or false pride humbled by public or private contempt; ambitious views suddenly

¹ *Life of Napoleon*, vol. viii. p. 244.

and unexpectedly disappointed ; pains of the body, the loss of those dear and near to us, tend to originate this feeling, and induce the unhappy person to seek relief in self-murder.

How terrible is the situation of the man exposed to the influence of this passion, and deprived of the cheering and elevating influence of hope ! I had an opportunity, some years back, of witnessing the case of a maniac, whose derangement of mind consisted in his having abandoned himself completely to despair. He laboured under no distinct or prominent delusion, but his mental alienation consisted in the total absence of all prospect of relief. The iron had entered his very soul ; he appeared as if the hand of a relentless destiny had written on the threshold of his door, as on the gate of the Inferno of Dante, the heart-rending sentence, " Abandon all hope ! "

Among the causes which operate in producing the disposition to commit suicide I must not omit to mention those connected with erroneous religious notions. M. Falret justly remarks that the religious system of the Druids, Odin, and Mahomet, by inspiring a contempt for death, have made many suicides. The man who believes that death is an eternal sleep, scorns to hold up against calamity, and prefers annihilation. The sceptic also often frees himself by self-destruction from the agony of doubting. The maxim of the Stoics, that man should live only so long as he ought, not so long as he is able, is, we may observe, the very parent of suicide. The Brahmin, looking on death as the very entrance into life, and thinking a natural death dishonourable, is eager at all times to get rid of life. The Epicureans and Peripatetics ridiculed

suicide, as being death caused by fear of death. M. Falret, however, goes perhaps too far when he asserts that the noble manner in which the gladiators died in public not only familiarised the Romans with death, but rendered the thoughts of it rather agreeable than otherwise.

Misinterpretations of passages of Scripture will sometimes lead those who are piously inclined to commit suicide. M. Gillet hung himself at the age of seventy-five, having left in his own handwriting the following apology: "Jesus Christ has said that when a tree is old and can no longer bear fruit it is good that it should be destroyed." (He had more than once attempted his life before the fatal act.) I heard of a nobleman who, for fear of being poisoned, though he pretended it was in imitation of our Saviour's fast, took nothing but strawberries and water for three weeks, and these in very moderate quantities. He never voluntarily abandoned his resolution. He was at length compelled to take some nutriment, but not until inanition had gone too far, and he died completely attenuated. When sound religious principles produce a struggle in the mind which is beginning to aberrate, the contest generally ends in suicide.

Some murder themselves to get rid of the horrid thoughts of suicide; whilst others brood over them, like Rousseau, for months and for years, and at length perpetrate the very action which they dread. A countryman of Rousseau's, who advocated suicide as a duty, and who spent the greater part of a long life in writing a large folio volume to prove the soundness of his doctrine, thought it his duty, after he had com-

pleted his work, to give a practical illustration of his principles, and, accordingly, at the age of seventy, threw himself into the Lake of Geneva, and was drowned.

It may appear strange that religion, the greatest blessing bestowed by Heaven on man, should ever prove a cause of one of his severest calamities. But perhaps it would be more accurate to impute such unhappy effects to fanaticism, or to the total want of religion.

Instances very frequently occur in practice in which patients have appeared, some suddenly, and others gradually, to be seized with a species of religious horror, despairing of salvation, asserting that they had committed sins which never could be forgiven, who had never previously appeared to be under religious impressions. Some of these have been visited by divines of various denominations, and been induced to hear sermons and read books well calculated to dispel gloomy apprehensions, and excite religious hope and confidence. With some this has succeeded, especially when conjoined with medical aid; but it has been observed that in the cases of those who have recovered, the patients have *emerged* precisely as they *immersed*.

Among the causes of suicide, the foggy climate of England has been brought prominently forward. The specious and inaccurate conclusions of Montesquieu on this point have misled the public mind. The climate of Holland is much more gloomy than that of England, and yet in that country suicide is by no means common. From the following tabular statement we see that the popular notion of the month of November being the "suicide's month" is founded on erroneous *data*.

The average number of suicides in each month for some years may be taken to be as follows:—

January	.	.	.	.	.	213
February	.	.	.	.	.	218
March	.	.	.	.	.	275
April	.	.	.	.	.	374
May	.	.	.	.	.	328
June	.	.	.	.	.	336
July	301
August	296
September	246
October	198
November	131
December	217
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It has been clearly established that in all the European capitals, when anything approaching to correct statistical evidence can be procured, the *maximum* of suicide is in the months of June and July, the *minimum* in October and November. Temperature appears to exercise a much more decided influence than the circumstances of moisture and dryness, storms or serenity. M. Villeneuve has observed a warm, humid, and cloudy atmosphere to produce a marked bad effect at Paris, and that so long as the barometer indicated stormy weather this effect continued.¹ Contrary, however, to the opinion of

¹ In 1806 upwards of 60 voluntary deaths took place at Rouen during June and July, the air being at that time remarkably humid and warm; and in July and August of the same year more than 300 were committed at Copenhagen, the constitution of the atmosphere presenting the same characteristics as it did at Rouen. The year 1793 presented in the town of Versailles alone the horrible spectacle of 1300 suicides.

Villeneuve, it appears that by far the fewer number of suicides occur in the autumn and winter at Paris than in the spring and summer.

Number of Suicides for Seven Years

In spring	.	.	.	.	.	997
In summer	.	.	.	.	.	933
In autumn	.	.	.	.	.	627
In winter	.	.	.	.	.	648

When the thermometer of Fahrenheit ranges from 80° to 90° suicide is most prevalent.

The English have been accused by foreigners of being the *beau-ideal* of a suicidal people. The charge is almost too ridiculous to merit serious refutation. It has clearly been established that whilst there is one suicide in London there are five in Paris. The population of Paris is nearly two millions less than that of London, and in three years no less than 6900 suicides occurred; an average of nearly 1800 per annum. Out of 120,000 persons who insured their lives in one of the London Insurance Companies, the number of suicides in twenty years was only 15; so much for the English being *par excellence* disposed to suicide.

The causes which frequently lead to self-destruction in France are, defective religious education, *ennui*, and loss at dice or cards. In considering the circumstances which produce this disparity in the number of voluntary deaths in the two countries, we must bear in mind the moral and religious habits of the people. When Christianity is not acknowledged as a matter of vital importance in the affairs of man; when morality is

considered only as a conventional term, conveying no definite idea to the mind, it is natural that there should exist, correlative with this tone of feeling, a marked recklessness of human life. Some notion may be formed of the state of religious feeling in Paris when we are informed of the existence in the French metropolis of a "society for the mutual encouragement of suicide," all the members of which, on joining it, swear to terminate their existence by their own hands when life becomes insupportable.

Alluding to the peculiarities of the French people, particularly their indifference to human life, an eminent writer observes, speaking of their notions of suicide, that a Frenchman asks you to see him "go off," as if death were a place in the *malle poste*. "Will you dine with me to-day?" said a Frenchman to a friend. "With the greatest pleasure; yet, now I think of it, I am particularly engaged to shoot myself; one cannot get off *such* an engagement." This is not the suicide *à la mode* with us. We ape at no such extra civilisation and refinement. We can be romantic without blowing out our brains. English lovers do not, when "the course of true love" does not run smooth, retire to some sequestered spot, and rush into the next world by a brace of pistols tied with cherry-coloured ribbons. When we do shoot ourselves, it is done with true English gravity. It is no joke with us. We have no inherent predilection for the act, no "hereditary imperfection of the nervous juices," as Montesquieu, with all the impudence and gravity of a philosopher, asserts, forcing us to commit suicide. "Life," said a man who had exhausted all his external sources of enjoyment, and had no internal ones to fly to, "has

given me a headache, and I want a good sleep in the churchyard to set me to rights"; to procure which, he deliberately shot himself.¹

Suicide is not an offence that can be deemed cognisable by the civil magistrate. It is to be considered a sinful and vicious action. To punish suicide as a crime is to commit a solecism in legislation. The unfortunate individual, by the very act of suicide, places himself beyond the vengeance of the law; he has anticipated its operation; he has rendered himself amenable to the highest tribunal, viz. that of his Creator; no penal enactments, however stringent, can affect him. What is the operation of the law under these circumstances? A verdict of *felo de se* is returned, and the innocent relations of the suicide are disgraced and branded with infamy, and that, too, on evidence of an *ex parte* nature. It is unjust, inhuman, unnatural, and unchristian, that the law should punish the innocent family of the man who, in a moment of frenzy, terminates his own miserable existence. It was clearly established that, before the alteration in the law respecting suicide, the fear of being buried in a cross-road, and having a stake driven through the body, had no beneficial effect in decreasing the number

¹ This was Philip Mordaunt, cousin-german to the celebrated Earl of Peterborough, so well known to all European courts, and who boasted of having seen more postilions and kings than any other man. Mordaunt was young, handsome, of noble blood, highly educated, and beloved by those who knew him. He resolved to die. Preparatory to his doing so he wrote to his friends, paid his debts, and even made some verses on the occasion. He said his soul was tired of his body, and when we are dissatisfied with our abode, it is our duty to quit it. He put a pistol to his head and blew out his brains. An uninterrupted course of good fortune was the only motive that could be assigned for this suicide.

of suicides ; and the verdict of *felo de se*, now occasionally returned, is productive of no advantage whatever, and only injures the surviving relatives.

When a man contemplates an outrage of the law, the fear of the punishment awarded for the offence may deter him from its commission ; but the unhappy person whose desperate circumstances impel him to sacrifice his own life can be influenced by no such fear. His whole mind is absorbed in the consideration of his own miseries, and he even cuts asunder those ties that ought to bind him closely and tenderly to the world he is about to leave. If an affectionate wife and endearing family have no influence in deterring a man from suicide, is it reasonable to suppose that he will be influenced by penal laws ?

If the view which I have taken of the cause of suicide be a correct one, no stronger argument can be urged for the impropriety of bringing the strong arm of the law to bear upon those who court a voluntary death. In the majority of cases it will be found that some heavy calamity has fastened itself upon the mind, and the spirits have been extremely depressed. The individual loses all pleasure in society ; hope vanishes, and despair renders life intolerable, and death an apparent relief. The evidence which is generally submitted to a coroner's jury is of necessity imperfect ; and although the suicide may, to all appearance, be in possession of his right reason, and have exhibited at the moment of killing himself the greatest calmness, coolness, and self-possession, this would not justify the coroner or jury in concluding that derangement of mind was not present.

If the mind be overpowered by grief, sickness,

infirmity, or other accident, the law presumes the existence of insanity. Any passion that powerfully exercises the mind and prevents the reasoning faculty from performing its duty causes temporary derangement. It is not necessary, in order to establish the presence of insanity, to prove the person to be labouring under a delusion of intellect—a false creation of the mind. A man may allow his imagination to dwell upon an idea until it acquires an unhealthy ascendancy over intellect, and in this way a person may commit suicide from an habitual belief in the justifiableness of the act.

If a man, by a distorted process of reasoning, argues himself into the conviction of the propriety of adopting a particular course of conduct, without any reference to the necessary result of that train of thought, it is certainly no evidence of his being in possession of a sound mind. A person may reason himself into a belief that murder under certain circumstances, not authorised by law, is perfectly just and proper. The circumstance of his allowing his mind to reason on the subject is a *prima facie* case against his sanity. At least it demonstrates a great weakness of the moral constitution. A man's morals must be in an imperfect state of development who reasons himself into the conviction that self-murder is under any circumstances justifiable.

I have dwelt at some length on this subject, because I feel assured that juries do not pay sufficient attention to the influence of passion in overclouding the understanding. If the notion that in every case of suicide the intellectual or moral faculties are perverted, be generally received, it will at once do away

with the verdict of *felo de se*. Should the jury entertain a doubt as to the presence of derangement (and such cases may present themselves), it is their duty, in accordance with the well-known principle of British jurisprudence, to give the person the benefit of that doubt; and thus a verdict of lunacy may be conscientiously returned in every case of this description.

I trust I have clearly established that no penal law can act beneficially in preventing self-destruction, first, because it would punish the *innocent* for the crimes of the *guilty*; and, secondly, that, owing to insanity being present in every instance, the person determined on suicide is indifferent as to the consequences of his action. I am no opponent to the diffusion of knowledge, but I am to that description of information which has only reference "to the life that is, and not to that which is to be." Such a system of instruction is of necessity defective, because it is partial in its operation. Teach a man his duty to God, as well as his obligations to his fellow-men; lead him to believe that his life is not his own; that disappointment and misery is the penalty of Adam's transgression, and one from which there is no hope of escaping; and, above all, inculcate a resignation to the decrees of Divine Providence. When life becomes a burden, when the mind is sinking under the weight of accumulated misfortunes, and no gleam of hope penetrates through the vista of futurity to gladden the heart, the intellect says: "Commit suicide, and escape from a world of wretchedness and woe"; the moral principle says: "Live, it is your duty to bear, with resignation, the afflictions that overwhelm you; let the moral influence of your example be reflected

in the characters of those by whom you are surrounded."

If we are justified in maintaining that the majority of the cases of suicide result from a vitiated condition of the moral principle, then it is certainly a legitimate mode of preventing the commission of the offence to elevate the character of man as a moral being. It is no legitimate argument against the position to maintain that insanity, in all its phases, marches side by side with civilisation and refinement; but it must not be forgotten that a people may be refined and civilised, using these terms in their ordinary signification, who have not a just conception of their duties as members of a Christian community. Let the education of the heart go side by side with the education of the head; inculcate the ennobling thought that we live not for ourselves, but for others; that it is an evidence of true Christian courage to face bravely the ills of life, to bear with impunity "the whips and scorns of time, the oppressor's wrong, and the proud man's contumely," and we disseminate principles which will give expansion to a crime alike repugnant to all human and divine laws.

"And makes us rather bear the ills we have,
Than fly to others that we know not of."

CHAPTER VII

CRIMINAL MADNESS

Criminal Insanity.—The connection between crime and insanity is so close that its consideration has occupied the attention of psychologists and jurists for many years.

It was the crowning feature of my revered father's life to establish in England a "plea of insanity in criminal cases." In the year 1843 he published a little brochure on the subject, at that time but little appreciated and understood. At the trial of Mac-Naughten for the murder of Mr. Drummond in the year 1845, he was present in court during the hearing of the case, but only as a spectator, and had not been summoned by either side as a witness. It being, however, mooted about that he was there, the judge ordered him, of his own accord, into the witness box, as being the author of the little treatise to which I have just referred. After hearing his evidence in favour of the lunatic, Lord Chief-Justice Tindal interposed and stopped the case, ruling that the evidence of my father proved beyond doubt the existence of mental alienation sufficient to justify the acquittal on the ground of insanity. From that time the "plea of insanity"

became fully recognised in England, but the case of MacNaughten is the one quoted by the judges on all occasions, and the one we have for precedent at the present day.

The opposition which he had to encounter before he got this plea established is well-nigh incredible, save to those who know how conservative our lawyers are, how jealous they manifest themselves of any intrusion on their prerogatives, and also how unthinking and unreasonable, for the most part, public opinion is when its feelings are strongly excited. There is a well-known jealousy between doctors and lawyers, and I am glad to say that there are those in my profession to be found well able to hold their own in any court of law, be the pleader the great Attorney-General himself, and who are not intimidated by any bullying, or by the terrible demeanour and voice of any lawyer. The medical expert is simply doing his duty. I remember in a case in which I was engaged I was addressed by the Crown prosecutor as follows:—"Dr. Winslow, I presume you get a good fee for coming here." My reply was as short, as it was to the purpose. "Sir," said I, addressing him by name, "a doctor has as much right to his fee as a lawyer." "Oh, you think so," replied the advocate. "Yes, I do," I rejoined, and down sat the terrible representative of the law amidst the suppressed laughter in court. I got the man off being hung, and that was my sole wish.

Non compos mentis, according to Lord Coke, is of three kinds:—

"1st. Idiotia, who from his nativity, by a perpetual infirmity, is *non compos mentis*.

“2nd. He that by sickness, grief, or other accident, wholly loses his memory and understanding.

“3rd. A lunatic that sometimes has understanding and sometimes not; *aliquando gaudet lucidis intervallis*; and therefore is called *non compos* as long as he hath not understanding.”

Lord Coke, when speaking of the irresponsibility of lunatics, and in alluding to the object of all punishment, viz. the prevention of crime, says, “*Ut poena ad paucos, metus ad omnes perveniat*; but so it is when a madman is executed, and should be a miserable spectacle, both against law, and of extreme inhumanity and cruelty, and can be no example to others.”¹

The views of Lord Chief-Justice Mansfield, as developed at the trial of Bellingham, for the murder of Mr. Percival, on this subject, were as follows: On the plea of insanity in criminal cases, Lord Mansfield said: “The law was extremely clear. If a man was deprived of all power of reasoning, so as not to be able to distinguish whether it was right or wrong to commit the most wicked or the most innocent transaction, he could not certainly commit an act against the law. Such a man, so destitute of all power of judgment, could have no intention at all. In order to support this defence, however, it ought to be proved by the most distinct and unquestionable evidence that the criminal was incapable of judging between right or wrong. It must, in fact, be proved, beyond all doubt, that at the time he committed the atrocious act with which he stood charged he did not consider murder was a crime against the laws of God

¹ Coke, Inst. 6.

and nature. There was no other proof of insanity which could excuse murder or any other crime. There were various species of insanity. Some human creatures were void of all power of reasoning from their birth; such could not be guilty of any crime. There was another species of madness in which persons were subject to temporary paroxysms, in which they were guilty of acts of extravagance; this was called lunacy. If these persons committed a crime when they were not affected with the malady, they were, to all intents and purposes, amenable to justice. So long as they could distinguish good from evil, so long would they be answerable for their conduct. There was a third species of insanity in which the patient fancied the existence of injury, and sought an opportunity of gratifying revenge by some hostile act. If such a person was capable, in other respects, of distinguishing right from wrong, there was no excuse for any act of atrocity that he might commit under this description of derangement. The witnesses who had been called to support this extraordinary defence had given a very singular account, in order to show that at the time of the commission of the crime the prisoner was insane. What might have been the state of his mind some time ago was perfectly immaterial. The single question was whether at the time this act was committed he possessed a sufficient degree of understanding to distinguish good from evil, right from wrong, and whether murder was a crime not only against the laws of God, but the law of his country."

The next legal authority to which I shall refer is that of Lord Erskine. That distinguished judge, in

his celebrated speech on the trial of Hadfield, for firing at George III.,—a speech that has been pronounced to be one of the most masterly he ever delivered in a court of justice,—enters at some length into an elucidation of criminal insanity. Lord Erskine considers the *dicta* of Lord Coke and Lord Hale, that to protect a man from criminal responsibility there must be a “total deprivation of memory and understanding,” as untenable, if we are to attach to the words used by these great lawyers a *literal* signification. *Delusion*, where there is no frenzy, Lord Erskine conceives to be the true character of insanity. Where this cannot be predicated of a man accused of a criminal offence, he ought not to be acquitted. “If the courts of law,” observes Lord Erskine, “are to be governed by any other principle, every departure from sober rational conduct would be an emancipation from criminal justice.” He again says: “To deliver a lunatic from responsibility to criminal justice, the relation between the disease and the act should be apparent. When the connection is doubtful, the judgment should certainly be most indulgent, from the great difficulty of diving into the secret sources of a disordered mind. Viewed, however, as a principle of law, the delusion and act should be connected.” Lord Erskine then proceeds to the consideration of the doctrine that every person, who has the knowledge of good and evil, whatever delusions may overshadow the mind, ought to be responsible for crimes. He considers that there is something too general in this mode of viewing the subject.

There is a vast difference between civil and criminal law as regards persons of unsound mind. A person

may suffer from various delusions, he may imagine that he is the king of England, or that he is destined to rule the world, or that he is possessed of large properties, or that he is on the verge of ruin, when there is no foundation for such ideas. He may be the victim of most extravagant delusions, but at the same time he may know the difference between right and wrong, and therefore he does not come under the definition of lunacy as defined by the Criminal Code, though he can be certified according to the civil law, and confined as a person of unsound mind in an asylum. The criminal law absolutely requires that, in order to establish the plea of insanity in a criminal case, the culprit must know the distinction between right and wrong, a monstrous dictum, but which, however, exists at the present day, and is made use of by every judge whose duty it is to sum up a case before a jury. This is clearly and distinctly pleaded by the judge. "If the prisoner at the bar," says the judge, "was conscious of the act at the time that he would kill the individual, and knew the difference between right and wrong, you are called upon to find him guilty." This in face of the fact that he may be absolutely insane, and subject to various delusions which would justify his being placed in an asylum, or would justify a commission being held and his property duly protected by the court. This rule, which was laid down in the case of MacNaughten, to which I have alluded, remains the same at the present day, and no wonder that those experienced in the treatment and management of the insane should rebel against such extraordinary law in this advanced age. Though the prisoner may be found thus legally guilty,

he is not so morally ; and often a subsequent appeal finds attention before the authorities to whose notice it is brought, though it is no easy matter to overrule a verdict of a jury, as may be proved by those who have had to deal with such cases. Fresh evidence has to be obtained, and it is very rarely, after a condemnation to death, that the Home Office will permit a further medical examination of those representing the criminal.

With reference to the legal doctrine of right and wrong, as applied to cases of alleged insanity, I suggest no metaphysical objection. I use the words in their admitted and recognised legal acceptation. The word *wrong*, as a learned judge once observed, is "that which the *law*, and not that which the *prisoner* considers wrong."

Right and wrong, when applied to special circumstances, are arbitrary terms susceptible of conflicting interpretations. It has been well observed that murder is a crime made up of circumstances. Homicide may be felonious or culpable, justifiable, and even meritorious, according to the motive leading to the commission of the act. The motive must be deduced from circumstances. The terms right and wrong are so ambiguous that a judge may attach one meaning to them, a witness another, a jurymen a third, and the prisoner differ from them all. It is questionable whether the English language could produce two words so incapable of uniformity of construction as those of right and wrong, when applied to criminal cases of insanity.

If the doctrine of right and wrong be admitted as a legal test, and acted upon as a principle of law, it

would, owing to the essential difference in the character of the cases of insanity to which it would be applied, be partial, restricted, and circumscribed in its operation.

According to the dicta of the learned judges as propounded in the House of Lords, a person labouring under partial insanity, who acts under circumstances of excited passion as he would conduct himself if he were of perfectly sound mind, is legally responsible for his actions, and if found guilty liable to punishment.

It would be obviously a grave error to consider a person legally responsible for offences committed under the influence of a delusion based upon a pure creation of the disordered fancy, having no kind of foundation in fact; but does the converse hold true?

In considering this section of the subject, it is essential that we should fully appreciate the fact that it is one of the well-known characteristics of insanity, for I will not refer in detail to the conflicting doctrines of responsibility which have at different periods been laid down by the Bench, for the existence of such conflict of opinion was candidly admitted by Lord Campbell in the House of Lords when he said, "he had looked into all the cases that had occurred since Arnold's trial in 1723, and to the direction of the judges in the case of Lord Ferrers, Bellingham, Oxford, Francis, and MacNaughten, and he must be allowed to say that there was a wide difference of opinion, both in *meaning* and in *words*, in this description of the law." The principle of law, as expounded in 1843 by the judges in the House of Lords, and which has never been altered, appears to

me (without quoting the decision at length) to be enhanced in the following propositions:—

(1) A Person labouring under partial delusions only, and who is not in other respects insane, notwithstanding he commits a crime, under the influence of the insane delusion that he is redressing or revenging some supposed grievance or injury, or producing some public benefit, is liable to punishment if he knew at the time of committing such crime that he was acting contrary to the law of the land.

(2) To establish a defence on the ground of insanity it must be clearly proved that at the time of the committing of the act the party accused was labouring under such a defect of reason from disease of the mind as not to know the nature and quality of the act he was doing.

(3) If a person under a partial delusion only, and not in other respects insane, commits an offence in consequence thereof, he is to be considered in the same situation as to responsibility as if the facts with respect to which the delusion exists were real.

These rules of law in relation to offences committed in an alleged condition of insanity suggest for consideration:—

(1) The diction of partial delusions in their legal relation to crimes committed by persons, in other respects sane, under an insane idea of redressing a real injury or revenging some supposed grievance.

(2) The legal doctrine of partial insanity.

(3) The knowledge of right and wrong viewed as conclusive evidence of responsibility in cases of imputed insanity.

There is the extravagance of thought and conduct exhibited in many cases of unrecognised and dangerous insanity; but with positive creations of the morbid fancy, with delusive images leading the person to believe that a certain thing existed which no sane person would believe to exist, and which, in reality, had no existence apart from himself and his dis-tempered imagination, would confirm the lunacy. In the majority of cases the premonitory stage of insanity is evidenced by some palpable disorder of the affections, *temper*, propensities, moral sense, character, and conduct of the individual. This may exist for a long period before any positive aberration of the mind is recognised.

Delusions may not exist in the early stage of mental derangement. The poison of insanity, if I may use the term, seizes hold of the moral powers of the mind, and the disease often runs its course without obviously deranging the ideas or imagination.

I next proceed to the consideration of homicidal insanity, and those forms of deranged mind which are said to incite the person to commit crime under the influence of what is termed an "irresistible impulse."

Within a very recent period the term homicidal insanity has been repudiated by the Bench, a learned judge having requested a counsel, pleading at the Central Criminal Court in favour of a person indicted for murder in whose defence the excuse of insanity was urged, never to use such a phrase again in a court of law! This moots the question, Is there such a form of mental disease?

The terms homicidal monomania, blind and irresistible impulse, are, I admit, open to grave objections and to serious abuse. Of the existence of a type of

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MONOMANIA WITH HALLUCINATIONS OF SEEING, 1, 2, 3. MONOMANIA WITH MELANCHOLIA, 4, 5. *FOLIE RAISONANTE*, OR REASONING MADNESS, 6.

The photograph of the patient suffering from *folie raisoante* here given is most typical of the complaint. The peculiar expression and general argumentative appearance of the individual is most characteristic in every respect.

insanity without delirium, or apparent delusion, suddenly manifesting itself and impelling its miserable victims to destroy those nearest and dearest to them, there cannot be a question. There are other cases (and such will be found in most large lunatic asylums) in which the mind of the patient appears to be absorbed with one horrible homicidal idea, that being the predominant and characteristic symptoms of the mental alienation. A case is recorded in a French journal of a man whose state of mind was made the subject of judicial investigation in France, who for twenty-six years was haunted by an intense desire to destroy human life.

In speaking of homicidal insanity, have medical writers and jurists been indulging in some discursive flight of fancy? Is homicidal insanity a myth—a pure medical fiction? Of the existence of a type of mental disorder associated with a morbid craving, and at times irresistible impulse, to destroy human life without any motive, apparent derangement, or impairment of the reasoning powers there can be no question. The evidence in support of this form of insanity is overwhelming and undeniable. The name selected as descriptive of the disease is, I think, an unfortunate one, but this does not affect the point at issue.

The question of mental responsibility is an important one. There are degrees of insanity, but there exists a popular, but a very erroneous, notion that a man must be violent or dangerous to himself or others for the plea of insanity to be raised. If we admit in its entirety the present ruling of the judges, that if a man who commits a crime and knows the difference between right and wrong, that though insane, he is a

proper subject for the executioner, we at once hand over to this functionary all persons of unsound mind, except idiots, imbeciles, and acutely maniacal persons, who from their condition, or ravings, are unconscious of the gravity of their acts. Some years ago I put this matter to some practical test. I questioned twenty chronic lunatics who entertained fixed delusions. I asked them what would happen if they were to cut my throat. Every one was sane enough to reply that the result would be fatal, and that they would have done an illegal act. One replied, "I should kill you, but I should not be hung, because I am a lunatic"; and yet, if we admit the doctrine of right and wrong as our legal test of insanity, all these poor hopeless and chronic lunatics are legally responsible. Such appears to me to be a monstrous absurdity.

A man may be pronounced by a jury to be mad who, if they had been summoned on a civil action, or a commission of lunacy, to decide whether he was capable of managing his property and himself, would have pronounced as to the mental unsoundness, yet the same evidence adduced at a criminal trial would have handed him over to the indignities of the scaffold. Such is our law, and any reasonable and sensible person must exclaim that it is most unsatisfactory and most unjust. Surely our knowledge must have advanced sufficiently during the present century to enable our Legislature to frame one law dealing with both civil and criminal lunatics. Our judges appear not to have settled views on the matter, and this has doubtless arisen from the endeavour to define insanity and its degrees. It cannot be defined; it is surrounded with so much obscurity that no single

definition can embrace the whole subject. Shakespeare has truly said—

“To define true madness,
What is it, to be nothing else but mad?”

With the impossibility of our arriving at a definition embracing the whole question, how abortive our attempt must be to establish any rule by which we can test in any one individual case the absence of moral responsibility. The judges are bound by the duty of their office to state what is the law of the land, and as such we must accept it in all its imperfections and nakedness. It has been judicially stated that the consideration of insanity is not a question for lawyers or medical experts, but that it is a question for the ordinary individual. The British jury, however conscientious, however good and just, with a full desire to administer justice, are certainly, as a rule, most ignorant in lunacy matters. It is naturally as difficult for them to express an opinion on some intricate and abstruse mental points, as it would be for a jury of doctors or lawyers to give their opinion on the quality of cloth, silk, or any other matter on which it may be presumably imagined they know but little. A jury are enabled, from evidence placed before them, to establish the innocence or guilt of any person, but if their services are required beyond this in questions of scientific natures, they are asked to do what is quite impossible. At least that is the way in which I regard the subject.

I feel confident that this is a serious blot in our Legislature, the trial of alleged lunatics by unscientific, and sometimes uneducated, men who are sum-

moned as jurymen. Points must arise involving questions of the most vital issue, and these are both conspicuous and prominent. What are required, according to my views, are medical experts or assessors to assist the jury in their deliberations. These gentlemen should be nominated by the Government, and they would render most valuable aid in placing before the jury the proper facts upon which they are called upon to decide. Every case which comes before a jury proves that I am right in this statement. So obscure is the line of demarcation between sanity and insanity that they are unable to define this limit and border-line. A case occurred some time ago, when a prisoner named Mullens was indicted for the murder of an official of the Board of Trade; the learned judge, in summing up, stated that "it is not sufficient excuse to justify you in acquitting a prisoner on the ground of insanity, that he might have illusions on a particular matter." This ruling is now universally followed by the judges.

In the recent case of Prince, tried for the murder of Mr. Terriss, this ruling was, however, apparently deviated from. The jury here found that he "was conscious of the gravity of his act and its consequences"; but because he had some obscure delusions, and there was a certain amount of eccentricity in his previous conduct, that, though conscious of his acts, he was regarded as insane in the eye of the law. I should think this the first and only case on record where such an opinion has been given by a British jury, and more than ever endorses my previous views on the trial of alleged lunatics by an ordinary jury. It might also have been argued at this trial (but it was not)

that, if considered to be *non compos mentis* at the time of trial, he could not plead.

In the case of the Rev. Mr. Dodwell, and in whose case I was engaged, now a criminal lunatic at Broadmoor, who was tried for shooting an unloaded pistol in the face of the Master of the Rolls, he was not allowed to plead, being regarded as a lunatic, and why Prince was not treated in the same way remains a mystery. In my opinion, the verdict of the jury proved that he was responsible for his actions, and his being allowed to plead confirms this opinion.

Constance Kent, tried for the Road murder, was at first acquitted, but subsequently, on the confession made to her father confessor, she was found guilty. Of her innocence I have not the least doubt, and I believe that her confession was made in consequence of some insane creation of her mind, from always brooding over the tragedy, this acting deleteriously on her insane imagination, fostered by the recollection of the dreadful past, and what she had already gone through. Confessions wrung from those who may presumably be supposed to be of weak intellect and irresponsible for their actions must be regarded with much doubt and incredibility. Frequently their diseased imagination will of itself make the individual believe that he has been the actual murderer, and to such an extent that frequently he will give himself up to justice on his own confession. Some judges ignore the term monomania, notwithstanding that most cases of homicide and suicide are the results of this form of mental disorder.

The majority of persons suffering from homicidal monomania are apparently so rational upon all other

subjects. Our criminal asylums are replete with such individuals. They are considered as both dangerous and incurable.

Some time ago it was found necessary to hold an inquiry into the mental condition of some celebrated person in order to protect his estate. So great was the importance of the issue that the Lord Chancellor of the epoch I write agreed to investigate the case himself. He spent two whole evenings with the alleged lunatic, dining with him at his own house. After his interviews he expressed himself as to sanity. One of the expert witnesses engaged in the case, however, asked to be allowed to accompany him at a further visit.

"Ask him," says the doctor, "what he thinks of the world?" The answer was: "The world, why I made it myself, and all you are my creatures."

The late Samuel Warren, a Master in Lunacy, always got assistance in his investigations by having one or more expert witnesses with him, and I was often employed in that capacity.

Lord Hale says there is a partial insanity of mind and a total insanity.

What is partial insanity in its strictly legal signification? Lord Lyndhurst, who took a more philosophic view of the subject of partial insanity, thus defined it. He says: "The mind is not unsound on one point only, and sound in all other respects, but this unsoundness manifests itself principally with reference to some particular object or person." But other authorities use the term partial insanity in a much more restricted sense, and synonymously with the type of mental disease called "monomania," or

delusion upon one prominent topic, or directed to one particular person. If the fact of a man being a criminal is *prima facie* evidence, not of his being insane, but of his having, if not a predisposition to mental derangement, at least a very irregular, ill-governed, and, it may be, an unhealthy mind. This irregularity of mental operation—this perversion of the moral principle—is often associated with latent insanity; is frequently but one of the many phases which the minds of those assume who are hereditarily predisposed to mental alienation. A man is not necessarily insane because he is guilty of an atrocious crime; but the tendency to crime is often so repeatedly connected with deranged conditions of the mind, that common humanity would induce us to inquire whether the criminal offence is not the first overt act of insanity.

A woman suddenly jumps up from the breakfast-table, and endeavours to precipitate herself from the window. She is prevented from doing so. A case of this description came under my personal observation a few months ago. To her family and friends she had given no previous indications of insanity. She was calm, collected, and rational in conversation; apparently her ideas were not even perverted. She engaged zealously in the more active duties of life; in fact, she was treated and considered as a person in possession of her full normal faculties. The attempt on her life was thwarted, but from that moment she gave unequivocal indications of a mind greatly disturbed. She became from that time a furious lunatic, though apparently the attempt at suicide was the first indication of her condition. Had this girl succeeded in her

attempt at taking her life a verdict of *felo de se* might with justice have been recorded, and doubtless would. This case brings to my recollection a trial which took place a few years ago called "The Old Kent Murder," where a poor wretch was tried at the Central Criminal Court for the murder of his wife. He had also made a desperate attempt on his own life by cutting his throat with a razor, and had this gone a fraction of an inch farther he would have taken his miserable life, a verdict of suicide and murder whilst in a state of insanity would have been given, and he would have been saved the wretched fate which was in store for him, a death at the hands of the public executioner. But because he failed in his double mission of murder and suicide he was tried, convicted, and hanged. After the commission of the crime, he was sent to one of our large hospitals, and there under surgical skill he was saved, but to meet a felon's death. It was one of the first murder trials in which I was engaged, and it made a great impression upon me at the time. I say most positively and emphatically that had he accomplished the attempt on his own life the jury would not have hesitated to pronounce for the insanity. The man was mad to a degree, and papers in his possession proved this; if ever a judicial murder was committed here was one; I should indeed be sorry to have the responsibility of advising in such a case that the law should take its course. I examined him in his cell adjoining the dock during the adjournment for lunch; in consequence of the hole in his throat not being properly healed, he could not take his food without lying in a recumbent posture. If there ever was a cruel ending to a wretch's life this stands out prominently as one. We

may reason, and rightly too, that an extremely vicious propensity, or act, may be the commencement or premonitory signs of madness, and of this I have not the least doubt, and that it is so in many cases which are brought to our knowledge. As mental aberration often manifests itself in acts which the law considers criminal, as crime is so frequently associated with derangement of mind, and with a constitution predisposed to insanity, it becomes the sacred duty of the Legislature to protect criminals from being exposed to the influence of agents known both to generate disorders of the mind, and to develop these affections in persons constitutionally liable to them. The time, I trust, is not very remote when more philosophical, and, as a sequence, more liberal views, will be taken of those actions designated criminal; and when, without exhibiting any maudlin sentimentality towards those who violate the conditions which bind society together, we shall, in the spirit of our common Christianity, look with greater leniency on the faults and failings of our fellow-men.

Experience clearly proves, forcibly establishes, the painful fact, that there is in existence a large amount of crime closely connected by hereditary predisposition and descent with diseased mind. Does not a recognition of this truth establish to us as Christian philosophers the necessity of cultivating more benevolent feelings, a more enlarged and expansive philanthropy towards those who, if not morbidly impelled to the commission of crime by an originally malformed cerebral organisation, inherit from their parents a marked predisposition to irregularity of thought and action, which ought to appeal—powerfully appeal—to

us when estimating the degree of moral guilt attached to any deviation from our *à priori* notions of healthy intellect, or strict moral rectitude? I maintain, and facts—an overwhelming mass of facts—clearly, irresistibly, and conclusively demonstrate my position, that there is a vast amount of crime committed by persons who, if not “legally” or “medically” insane, occupy a kind of neutral ground between positive derangement and mental sanity. I do not broach this idea with a view of supporting the absurd, unphilosophical, and dangerous opinion that *all* crime is more or less referable to aberration of mind; but I do affirm that, in estimating the amount of punishment to be awarded, it is the solemn duty of the judge and jury not to look at the *act itself*, but to consider the *physical* condition of the culprit—his education, moral advantages, prior social position, his early training, the temptations to which he has been exposed, above all, *whether he has not sprung from intemperate, insane, idiotic, or criminal parents.*

“The little I have seen of the world,” says an able writer, with a capacious heart, overflowing with love for his fellow-creatures, “and know of the history of mankind teaches me to look upon the errors of others in sorrow, and not in anger. When I take the history of one poor heart that has sinned and suffered, and represent to myself the struggles and temptations it has passed through—the brief pulsations of joy, the feverish inquietude of hope and fear, the tears of regret, the feebleness of purpose, the pressure of want, the desertion of those near and dear, the scorn of the world that has little charity, the desolation of the soul’s sanctuary, and threatening voices from within, health gone, happiness

gone, even hope, that stays longest with us, gone,—I have little heart for aught else than thankfulness that it is not so with me, and would fain leave the erring soul of my fellow-man with Him from whose hands it came.”

In venturing to discuss this question I would, in conclusion, protect myself from the imputation of giving utterance to—of breathing the faintest semblance of—an expression that would justify a doubt as to the existence in my mind of a feeling of deep reverence and profound respect for those great and illustrious men, whose unrivalled erudition, brilliant attainments, fervid, glowing, impassioned eloquence, world-wide reputation, whose universally acknowledged public and private worth are closely identified, and indissolubly associated, with the brightest and most hallowed periods of the constitutional, parliamentary, and legal history of our country. But as time rolls on, so does knowledge and progress in the study of psychology make like advances; the more the subject is studied, the more do we become conscious of the great truths of medical-psychology, we obtain a clearer insight into the phenomena of the human mind, and are more intimately acquainted with its morbid states, and consequently we entertain more lucid views, and more benevolent, just, philosophical, and enlightened ideas of the great subject of crime, and of the principles of civil and constitutional law. Can we set bounds, prescribe limits—easily appreciable and well-defined limits—to the progress of knowledge? Have we not within the last half-century made giant and colossal strides in all departments of art, philosophy, and science? Does not the genius of man

indignantly repudiate all attempts to fetter its onward advance, and tie it down to the crude, exploded, and obsolete dogmas of past ages? If such be the fact in relation to the mathematical and physical sciences—to chemistry, medicine, physiology, mechanics, and political and social economy—why, I ask, should the great subject under consideration be the only exception to the general law regulating human progression?

Whilst referring to the great intellects, and master minds of former epochs, as well as to the illustrious men of a more recent period, may we not exclaim—

“Great men were living before Agamemnon,
And since, exceeding valorous and brave!”

I cannot do better than conclude this chapter in the words of my father from his *Opus Magnum* on “Obscure Diseases of the Brain and Disorders of the Mind.” Alluding to the subject, he says: “A man commits a murder. He is tried for the crime. The plea of insanity is raised in his defence, upon what is conceived to be sound evidence of the existence of mental derangement at the time of the murder. The attempt thus made to protect the criminal immediately rouses public indignation. Such an excuse is not in many instances listened to, and the unfortunate medical witnesses, who have been called upon to exercise an important and often thankless duty in support of the plea, are exposed, for giving an honest expression of opinion, to the most unmeasured ridicule and vituperation. In defending the memory of the suicide from the disgrace that would accompany a verdict of

felo de se, the evidence of the medical man, proving the insanity, is regarded with great respect and treated with profound deference; but in his effort to save a lunatic from the agonies of a painful death upon the scaffold, on evidence much stronger than was adduced before the previously-mentioned court, the expert is exposed to unmitigated abuse. Instead of being considered as an angel of mercy engaged in the exercise of an holy and righteous mission, he is viewed with suspicion, and often treated with contumely, as if he were attempting to sacrifice instead of to save human life. Again, the attempt to prove sanity and mental capacity at a Commission of Lunacy, with the object of preserving intact the liberty of the subject, and establishing his right to an unfettered management of his property, is applauded to the very echo; but any endeavour to excuse, on the plea of insanity, the crime of some unhappy wretch alleged to be an irresponsible lunatic, in order to rescue him from penal servitude, or from the hands of the executioner, is denounced in unqualified language as a most monstrous, unjustifiable, and iniquitous interference with the course of justice. The excuse of insanity will not, in many cases, under these circumstances, be tolerated by a portion of the press. The public mind is violently shocked at the commission of a horrible and brutal murder; the act is viewed as one of great and barbarous atrocity, apart altogether from its concomitant extenuating, medico-psychological, considerations. The cry is raised for '*vengeance*.' The shout is an 'eye for an eye,' 'a tooth for a tooth,' 'blood for blood'; forgetting, in the paroxysm of indignant emotion and frenzy of excited feeling, engendered by

the contemplation of a dreadful violation of the majesty of the law, that *justice* must be tempered with *divine mercy* which sanctifies and enshrines"—

“The thronèd monarch better than his crown,
And is the attribute of God Himself.”

CHAPTER VIII

HALLUCINATIONS OF HEARING AND SEEING, AND THE CONSEQUENCES

So many crimes are committed, whilst labouring under the hallucinations of hearing imaginary voices, that I have thought a few of the leading cases in which this was apparent, and which have come under my personal observation, might prove of interest. Many of the victims to such hallucinations fancy the voices speak to them, either directly or indirectly, or perhaps through walls or doors, telling them to do certain things. They often think that they are addressed by name, and that they are accused of certain crimes, and are urged to commit murder or suicide. The words "Kill the man, kill yourself," are words which often the unhappy patient fancies are addressed to him, and he frequently attempts to carry out the advice given him.

It is one of the most dangerous symptoms met with in insanity, hearing and obeying voices, and our lunatic asylums contain many persons who hear such voices and obey them, be the directions ever so horrible, from a conviction that they are bound to do so.

Hyperæsthesia of hearing is often a frequent symptom of approaching mental derangement. In the earlier stages the patient often complains of great sensorial activity. He sees what no other person can see, he hears what no other person can hear.

When the mind is losing its balance, in the incipient stage of insanity, the patient will be heard to ask rather anxiously of those about him, "Did you not speak? Did you not hear a voice? I thought," repeats the patient earnestly, "I heard some one calling my name. Surely there must be some one in the room or outside the door."

In 1888 I was asked to examine a man named Taylor at Wakefield Prison, who had committed a murder at Otley. There was much excitement concerning the case. He committed two murders within three hours of one another. He shot his infant child which his wife had in her arms, and subsequently, three hours afterwards, shot the detective who came to arrest him. The case created an extraordinary amount of public interest in the neighbourhood of Otley, in consequence of the respect in which the police official was held, and from his local position. I visited him on two occasions in Wakefield Prison. He suffered from epileptic insanity, and the act was doubtless committed whilst in an abnormal condition, the result of repeated epileptic seizures. The following is Taylor's verbatim conversation given to me in gaol:—"I have been in here eleven weeks. I don't know why I came here; I cannot tell you their names who drove me in here. I don't know where they lived, and I never asked them. This happened eleven weeks ago, to the best of my knowledge. They



HALLUCINATIONS OF SEEING AND HEARING.

Most crimes, in which the plea of insanity is raised as a defence, are committed whilst suffering from "auricular delusions," in other words, hearing imaginary voices. Murder and suicide is frequently the result of this, believing in the reality and acting up to the instructions which such "voices" are supposed to give. It will be observed, in some of the photographs I give, that the patients are actually listening for the voice with their heads inclined to the one side or the other. In the other cases the hallucinations of hearing and seeing coexist, which is often the case, it being rare to find one without the other being present.

said I had been shooting. I remember seeing something of the sort. My knowledge made me aware of the fact. I can't say how long I entertained the idea of shooting; but not long. No one told me to shoot. I had not been very well up to that time; I can't tell you what was the matter with me. I don't know whether I am sorry for what I have done or not; sometimes I think I am, sometimes I think otherwise. I was doing nothing the day of the murder. I had not contemplated doing it; I was forced to do it by my Father; I think I mean God Almighty. He gave me knowledge to do it; but how I don't know. I had the knowledge when I was born. My mind and my knowledge told me to do it. I have had sort of fits ever since I have been born. I have had two sorts. I knew when they were coming on; I felt queer. I can't say whether or not my mother tried to poison me, my memory is muddling, and varies at times. I have never refused my food. I would commit any act that God Almighty gave me knowledge to do, and not think myself; but can't say whether I was right or not. I can't think that I have done this crime; I expect I have, I imagine seeing it, but they can make any one imagine anything at this day, I expect. Any physicians can make anybody imagine they have done anything. I have had this put lately in my head, but I can't say by whom; it has come of itself, like all else. I was forced to shoot, and could not resist the act, and the person who forced me to do the act was God Almighty. How could I resist what I was born to do? My memory is bad. I could not have entertained it long, as the thought only just came. After I shot the

child, I went into the house and laid me down in bed, and I went upstairs. I did not think about anything. I did not go and see whether I had hurt the child. I could not sleep. People came to the door; I said, 'Go away and let me alone.' I don't know what happened then, nothing much to talk about. My eyes and conscience remember seeing the policeman shot, I remember seeing it done in my eyesight. I can't say whether it was myself, but if it was done, it was by myself. I think God Almighty told me that. He redeemeth knowledge, and He gave me knowledge to do it. I have often had bad headaches, and I was born to do it. I had four things when born into the world—health, knowledge, strength, and prosperity to do it, and I did it, at least I expect so, I mean the crime."¹

William Taylor

*Witness to this dep being given by prisoner
John Gledstone
W. Rose*

This was the exact conversation, in reply to my questions, as taken down by me and witnessed by the solicitor and by a warder, who signed under the signature of the prisoner. The case, as I have previously stated, was tried at the York Assizes before Mr. Justice Day. Unfortunately, I had received a subpoena in another murder case the same day, that

¹ This signature is witnessed by Mr. John Gledstone, solicitor of the prisoner, and W. Rose, warder, and was written under my notes taken at Wakefield Prison.

of Richardson who shot several persons at Ramsgate. He was tried at Maidstone, and the jury found that he was of unsound mind and unable to plead. I attended this trial, and on its completion went the same day direct to York. On my arrival there I found that the whole day had been occupied trying whether Taylor was able to plead at the present time. The jury had pronounced for his sanity. I was met at York Station by the solicitor, who informed me that all the witnesses and expert testimony (except my own) had been given, and that he had lost all hopes of being able to establish the plea of insanity at the time of the crime, as he thought that the jury had made up their minds. All engaged in the case seemed very despondent as to the ultimate result. The next day the very same evidence was submitted to the jury, mine being the only additional one. I was called last; and, after hearing my evidence, to the astonishment of all in court, the jury brought in a verdict of "Not guilty on the ground of insanity." On my journey up from York to London I travelled part of the way in the same compartment with the foreman and other members of the jury, and I had the satisfaction of being informed that had it not been for my testimony they would have found him guilty. Public indignation ran high at the verdict, and the solicitor and myself were denounced in the papers, and I believe narrowly escaped being lynched. A few months after, however, the poor man, whilst in Broadmoor Criminal Lunatic Asylum, plucked both his eyes out, in consequence of some morbid religious belief in the same delusion which had induced him to commit the crime, thus proving the correctness

of the medical testimony, and the justness of the verdict.

The case of Richardson, previously alluded to, as I have said, took place at Maidstone, and on 15th February 1888, the day before his trial for murder, I examined him in the gaol, having previously done so on 16th January of the same year, in the Canterbury Prison. The following is the verbatim extract from my note-book :—

Richardson said : “ I can’t keep my head up, as it is not in use now. I don’t think of anything, except getting myself down ; of course, I get raised very much one way or the other. You never think without making a noise. I suppose thought is the word, but it always depends upon what God is — a difficult problem to prove. I can’t say whether there are any spirits here ; I have not noticed it particularly. I remember shooting at Ramsgate, but do not know why I did it ; the fact is, I had two new teeth coming in, and I wanted to go away. The reason why I shot was because something got into me out of the houses. I think the carcass of my father’s spirit speaks to me ; it is an awfully dangerous one, telling me to do things occasionally, and I generally obey this. I saw the Holy Ghost at Marseilles ; I hope it did not speak to me. I think some of the English churches over there did this. I thought it was an awkward thing to do when I shot the people ; I did it because somebody had gone up to my head. I warned the police about it before. Some of the persons were represented by spirits, but it has something to do with two birds who reproduce them. I met a man in a shiny hat, in a very bad condition, opposite a public

house at Margate; he was too much got up, but not drunk. I shall go to the Canary Islands when I get out of here, unless I accept any position, but I can't say what. I might care what happens to-morrow; but it does not worry me, because I trust to my spirit of truth. I lost this before my mother died, as the police took it as they wanted to do miracles. I did not contemplate shooting; I was too much in a dream. If I had got free of my property, things would have been different. I do not know why I am here in prison; I think, because of my previous ideas regarding legislation. I fired because I was scared. It was that spirit of death which made me free." ¹

(Signed)

Wm W. Richardson
W. Steven Chief Warden

A terrible tragedy occurred some time ago at the Canterbury Theatre of Varieties, London. A professional bicyclist, known as Letine, together with his troupe, were engaged there, and about eleven o'clock one evening he arrived at the stage-door in his brougham. Immediately on his alighting, a man rather older than himself stepped forward, and, with the remark, "I have been waiting for you a long time, now I shall get you," thrust a knife into the abdomen of the professional, inflicting a severe wound. The assailant then crossed the street, drew a revolver, and fired into his own mouth. Both fell to the ground insensible, and were conveyed to St. Thomas's Hospital,

¹ This signature was signed in Canterbury Prison, on 15th February 1888, the day previous to his trial, and undersigned by W. Steven, chief warden.

where the professional expired. The murderer was Nathaniel Currah, manager of the Crayford Water-works, Kent, and he was the father of a member of Letine's troupe, and was prompted to the crime by a belief that Letine had caused the death of his child Beatrice through cruelty. Letine, whose correct name was Gorin, originally employed Currah's deceased daughter as one of his troupe of performers. She was, however, dismissed from the troupe, it was alleged, on the ground of incompetency, and shortly afterwards died. Several actions at law resulted from the dismissal, but in each of these Letine was the victor. At the inquest on Letine at St. Thomas's Hospital, a member of the deceased's troupe testified that they were kindly treated by him, thus showing that the grievance harboured by Currah was imaginary. The coroner's jury returned a verdict of wilful murder against Currah. At the request of the solicitor for the defence, I examined him on three occasions—twice at St. Thomas's Hospital, and subsequently at Holloway Prison. At my first visit to him at the hospital I found him in bed, and in reply to my questions he said as follows: "I do not know why they brought me here. I hear voices saying all manner of things; even spirits come to me, and I never think of what I did. My daughter Beatrice (who was killed) has been to see me, and says: 'Cheer up, dada.' She very often comes to see me." In reply to my question, "What became of Letine?" he answered, "I don't know; I have not seen him for two years. I never hit him with a knife; it's a lie. I should sometimes obey the voices." At another examination, when he was in his bed, he told me "he

was very anxious to get up, as it was driving him mad." I asked him why he used the knife. He answered, "What knife?" I then said, "What are you in here for?" to which he replied, "I don't know—why am I left in here? What is it they want?" I asked him "why he went to the theatre that evening?" He replied, "To look around the old place where my dear child had been before me." I asked him if he "recollected waiting at the stage-door with a knife," in reply to which he said, "I did not murder him. My head was in a state of bewilderment. Have I killed him? I suppose I shall be tried now. All is over with me. I was going to drown myself. I know that God Almighty said I must go and kill Letine and kill myself. God Almighty frequently said that, and appeared to me many times. When I was downstairs the room was full of evil spirits. I often see my daughter Beatrice in this room. She put her cold hand on my forehead. I often see visions."¹

Nathaniel F. Currah

In this case there was insanity in the family, both of his parents being afflicted. I made a third examination of him at Holloway Prison in the presence of the medical officer of the prison and a police official. Upon my first speaking to him of Letine, Currah raised himself in bed and asked why he was detained there, stating that it was killing him

¹ Signed by Currah at St. Thomas's Hospital. Witnessed by Dr. F. C. Abbott, house-surgeon, at the Hospital examination made July 1889.

to keep him in bed. Currah added that "he knew me well, and had often seen me before." His conversation was then bewildered and incoherent. "I don't know why I am kept here. What have I done?" he said. I then asked him why he hit Letine. He replied: "I never hit him. I was going to hit him in Manchester. I never hit him" (repeating the latter expression several times). He then said he constantly heard voices speaking to him, and that God Almighty said to him, "Go, kill Letine, and then yourself, as an example to others." Currah further said that he often "saw his dear Beattie in the room, and that she was in his bedroom last night, and put her cold hand on his forehead."

The opinion I entertained was that Currah was of unsound mind at the time, and quite unaware of the nature of the act which he committed. He heard these imaginary voices, and would obey whatever they told him to do.

The curious part of the case was that there was no foundation for the statement that Letine was anything but a kind and humane man, and one who was in the habit of treating those whom he employed with every consideration. Currah had got firmly into his mind the notion that this was not so. I gave evidence at the trial, and in conformity with my opinion the jury found he was of unsound mind, and he was sent to a criminal lunatic asylum.

A dreadful crime was committed in the neighbourhood of London a few years ago, which for some time baffled the vigilance of the police. A young woman's body was found in one of the suburbs of London with her throat cut, and the culprit turned out to be a youth, aged twenty-one, who had been in the habit of

drawing very much upon his imagination, and had been placed at a school for boys, mentally deficient, at Hampton Wick. At the time of his escape from the institution, he left behind him, unposted, letters addressed to relatives, which were found to consist in a tissue of exaggerations. Thus, enlarging upon the circumstance that there had been some land flooded in the neighbourhood of his school, he described a scene which was purely imaginary. "Houses," he wrote, "had been swept away, and cattle and bodies had been daily seen in the swollen Thames." It was partly this facility for disregarding the truth which led to the young fellow, a boy of fifteen, being placed under the charge of a medical man, who had a school for the education of lads who "have," as it is described, a moral rather than a mental "twist." From his entrance into the establishment, however, he won the affections of his schoolmates. He was always of the most amiable and gentle disposition. He never betrayed the least tendency to homicide, and he was never accompanied by a special attendant. Up to the moment of his last disappearance, his conduct had not caused the least suspicion that he was dangerous; and if he had shown any signs of such condition of mind, he would not have been permitted to remain in the school, which was not intended for inmates medically certified as insane. His time at the school had in reality expired, and it was at his own desire that he was remaining as a pupil for another three months. His father had already written stating that he was prepared to take him to Canada, where it was intended that he should learn farming. In preparation for such a career he was allowed to occupy himself in the

garden, and, for the purpose of pruning and the like, he borrowed a knife from a fellow-pupil, who had bought it for his wood-carving lessons. No one suspected that a weapon of the kind was likely to be misused, and it would seem that he had the knife still in his possession, more by accident than by design, when he came to town. He ultimately communicated with the police, and gave himself up. I examined him on the 24th of December 1894, and the following conversation took place (at the time of my visit he had just had a paroxysm of excitement, in which he had nearly killed one of the inmates of his ward). He said as follows: "I was drugged when I was brought in here, but cannot tell where I am. Everything around me appears to me as if in a dream, and I have no recollection of having committed the murder of which you speak; had I done so, I cannot understand the wickedness of the act, or what I should suffer in consequence. I hear, and have heard for some time, and do at the present moment hear people speaking to me, who apparently are hidden behind the walls; I have been persecuted by these voices for a long period of time, urging me to do the various acts, and I believe in their reality." He evidently was of very weak capacity, and liable to do any act to which his insane mind directed him.

This case created a great deal of excitement in London, from the cruelty of the murder and circumstances surrounding it. The general opinion was that it resembled one of the series of murders committed by Jack the Ripper, the victim being a woman, whom he casually met and whom he stabbed, and hid the knife in a heap of rubbish some distance off.

After the commission of the murder he rushed off to Ireland, where he afterwards gave himself in charge. It was found that he was the actual murderer. He had suffered for some time from the hallucination of hearing voices, and in all probability the attack was brought about by brooding over the horrors of the Whitechapel type. He was tried, and his case ended in an order for detention in a criminal lunatic asylum during "Her Majesty's pleasure." He had sent, at the time of the murder, which was causing much sensation in London, a "Jack the Ripper" letter to the police.

Mrs. Dyer ("The Reading Murder").—She was tried in 1896 and found guilty. The plea of insanity failed, though she was proved to have hallucinations of hearing and seeing, and to have been in several lunatic asylums previously; but the diabolical nature of her crimes, which consisted in drowning a number of children, was of such a revolting nature, that the jury evidently paid no attention to the plea, and as an evidence of this, whilst I was being examined in the witness-box, stating that the prisoner had informed me that she had visions of animals and worms crawling about her, evidently suffering from delusions, I overheard one of the jurymen say, "No, but she soon will have," showing the prejudice they entertained in the matter. The copy of this signature was made in Holloway Prison, 15th May 1896, at the foot of my report.

Amelia Dyer

A boy, named Bunn, was under my care at an hospital in London as an out-patient for some time. He heard imaginary voices, and in consequence of his symptoms I warned his family to be on their guard. Shortly after this he made a murderous attack upon his mother with a hatchet for no cause, and at the same time attacked two other members of his family. The doctor of the lunatic ward of the workhouse to which he had been sent *declined to testify that he was a lunatic*; but I, being convinced that this opinion was wrong, made a personal application to a magistrate in open court to compel them to deal with the case, and place him under proper care and protection. After a great deal of trouble, I convinced the parochial authorities that the boy was a dangerous homicidal lunatic, and the subsequent communications from the superintendent of the asylum to which he was sent confirmed this opinion. The following was the conversation between Bunn and myself when I examined him in the infirmary ward: "I admit that I attacked my mother and sister, but cannot say why. I do not know what is going on at the present day, neither do I know the name of the Queen of England, or of her son. I hear persons saying things to me, which I pay attention to at times. They say do this, or that, and I obey them. I read the newspapers, but can't understand what I read about, and I am sure I don't care. At times I see all sorts of ghosts and visions of various description jumping about the room. I should do whatever I was told to do, believing that I was doing right in so doing."

The parochial authorities, in the first instance, were most indignant at my interference, and tried to prove

my opinion incorrect, especially after I had brought their relieving officer before the court to compel him to act. Much time was wasted by the Chelsea Vestry in the discussion on the case, and I believe one genial gentleman, who made himself rather conspicuous in the matter, agreed to take private care of the lunatic, but he thought better of his determination. I think the question of dealing with lunatics by relieving officers requires amending.

Many of the victims to kleptomania imagine that they hear voices telling them to commit the act. I will give a few cases in illustration.

A lady, aged forty-five, of no occupation, was charged, on her own admission, of stealing goods from various tradesmen in London. The articles were of the value of just over £30. The jury returned a verdict of guilty. She was only twenty when married. Her married life was very unhappy, as her husband left her shortly after the marriage. For twenty-five years she had lived a lonely life, and up to a few years ago had kept a boarding-house, and had a good income. Her health gave way and she travelled about, but on returning to London she went into St. Mary's Hospital. On leaving there she again travelled, and then took another house. She did not remain there long, but went to a house at Bayswater, where she had remained since. It was a most extraordinary thing that the prisoner, considering her means, should go about stealing articles which she accumulated. She had been five weeks in custody, and had suffered very bad health. I was called to testify at the rehearing, and on my testimony she was acquitted. She was placed as a certified patient in a private house, and subsequently removed to an institution.

Another similar case occurred a short time subsequent to this, where similar shop-lifting had been indulged in, and the following is a copy of my notes:—

“A lady complains of headache. Hears voices in head like machinery constantly going. Feels as if her head does not belong to her body. Hears voices telling her to do various things. Says they are coming to take her away, and that after this she appears drugged. Tells me for the last six years she has taken large doses of drugs, *i.e.* narcotics. Sleeps very badly. Dreams a good deal, and is a somnambulist, even as far as going outside the house in a trance. Constantly sees visions of people who have been dead. Cannot recollect what happened after seeing her child meet with an accident. Cannot recollect stating that the child was cut up. One brother had epileptic fits with convulsions, and one child died of convulsions, and two more had them too. Says she cannot recollect after leaving school. Felt in a dazed state, as if she was going gradually down. Tells me that her husband had often brought her back whilst in a dazed mental condition. Memory often wanders, and cannot concentrate her attention properly upon any subject.”

On the day she came back from seeing her child in the hospital she felt much dazed, and unable to do anything, and could not read a paper that evening, but walked about very restless all the night.

A few days before her crime she dragged one of the children by the head down the garden. This was at a period when her condition was one of frenzied excitement, and all were terrified at her. There was considerable depression, and she said she had many

times contemplated suicide, and had taken up a knife to kill her boy.

A girl, aged twenty-one, was employed as a nurse-maid at a coffee-shop in Catherine Street, Strand. Her conduct not being satisfactory, she received notice to leave. On the eve of her departure, she was asked if she had any objection to being searched, as various articles had been missed from the house. After some hesitation, she produced some rings, cigarette cases, a number of cigars, etc., which she had stolen and concealed in different parts of her dress. I informed the magistrate that "I had examined the girl, and found her suffering from auricular delusions. She fancied she heard voices telling her to do certain things. She said one voice told her to jump into the river, and when asked if she would jump out of the window if a voice told her to do so, she replied, 'Certainly.' Her palate was very much arched, as is generally the case with persons of weak intellect. In my opinion, she was not responsible for her actions," and with this opinion the magistrate coincided.

The following is a description sent me by the mother :—

"I thought it better just to tell you that when my poor girl was two years old she suffered from water on the brain, and I attended the Great Ormond Street Hospital for a long time with her. Her head got very large, she used to cry and roll her head on the pillow, but as she got bigger, her head seemed to get smaller; but at seven years old she was run over and seriously hurt. The doctors said it had given a great shock to the system; they also told me I must not press her to learn; and through that I have had

to take her from school. The poor girl has had no education, which she feels very much at times; she is very nervous, and likes to be so much alone. I have often felt very unhappy about her, but hope this great trouble which has come to us will be for the best, but it is hard to think so. She has no memory at times, and if I have had to scold her I have been afraid to go out and leave her."

I will now give a few more of the many cases where hallucinations of hearing or seeing formed a prominent feature. I was called to see a young medical student, who apparently was continuing his studies at the hospital and mixing amongst his fellow-students without any special attention being drawn to himself. In consequence, however, of the warden of the hospital communicating with his friends, I was asked to examine him. On my visit to his rooms I found him deep in study, reading his medical books for his forthcoming final examination. I came to the conclusion that he was of unsound mind, and that he suffered from a dangerous type of insanity, rendering it imperative to act at once in placing him in an institution. The copy of my report was as follows: "He suffers from general incoherency. Delusions that he has divine inspirations, and continues to ramble on. He hears strange voices which do not exist. He is very excitable, and says that he has commands from God which he must obey. His mind strangely wanders, and he is much confused. He is, in my opinion, rapidly getting worse, and is on the borderland of an attack of mania." The hallucinations of hearing were very strong indeed. My advice was forthwith followed out, and he was sent to an institu-



HALLUCINATIONS OF SEEING.

In the hallucinations of seeing the victim of this has frequently a most smilingly benign countenance as if pleased with all the surroundings. In other instances there is a look of complete bewilderment and horror, amounting occasionally, as in some of the illustrations I give, to appalling terror. The visions mentally seen are of such a varied nature that this is not to be wondered at—sometimes pleasant and agreeable, so as to create a feeling of satisfaction and gratification, whilst we often find the reverse, the most dreadful visions of cruelty and all the possible horrors as depicted in the Wiertz Gallery at Brussels being revealed as realities to the wretched diseased imagination.

tion. He proved to be a most dangerous lunatic. A trial on leave of absence was given him by his father, but without my concurrence. He was taken to Belgium, but he had not been there twenty-four hours before he became raving and violent, and the police being called in he was located again in England in his old establishment. He is now a chronic case.

A short time ago I was consulted about another case of a similar description. My report of the interview was as follows:—

“Says he shall commit murder or suicide at the first opportunity; very excitable; trembles all over. Says he hears voices. Is in a most critical state of health. His brother told me that he cannot be left night or day as he would commit suicide, and requires most careful watching to prevent this taking place.”

The patient was brought to my house late in the evening. In consequence of the strong hallucinations of the voices which he informed me he would obey, it was necessary to place him immediately in an institution, as he could not be left alone for a moment.

The friends of a young lady consulted me with reference to strange delusions. She had been annoying certain members of Parliament, writing letters to them under the impression that she was commanded to do so by voices. She had even written to the Queen in answer to the voices which she stated told her to do so. A few weeks before coming to see me her symptoms increased, and her relations had to protect themselves by placing her safely under lock and key.

A young man suffered from depression, restlessness, insomnia, talking to himself, want of energy,

seeing visions and delusions of voices talking to him, and imagined that he was watched and followed in the street. These imaginary voices were of varied description, and he was accustomed to answer them. He had contemplated suicide, and when I was called in to see him he was carrying about a bottle of laudanum to effect his purpose. He was arrested, late in the evening in the street, in consequence of information given by me to the police, and at 11 P.M. I was requested to attend at the police station, and I did so. I testified as to his insanity, and he was placed in an asylum. I had known the case for some time, and so strong were his delusions of hearing, that I warned his father as to the gravity of the case, and in my notes concerning it, at the first examination, the following extract appears: "I anticipate that something dreadful will happen, and I have so warned his relatives verbally." Contrary to my urgent advice, his father removed him from the asylum and allowed him his freedom. A short time afterwards he found himself an inmate of one of Her Majesty's prisons, to which he was sent for three years. He was, however, ultimately transferred to an asylum on my representation to the Home Secretary.

The subject of hallucination of hearing and seeing, with typical illustrations of the same, will be found in other parts of this work, especially in the poetic creations of the mind and imagination in the chapter of the "Madness of Genius." But I think I have shown, in the cases I have just given, the gravity with which the existence of such hallucinations must be regarded.

CHAPTER IX

STRANGE LUNACY CASES

1. MADWOMEN

IN England, and, I believe, in most other countries, as I have previously shown, insanity is more prevalent among women than among men. The statistics of a large lunatic hospital show that out of 4404 persons of unsound mind admitted during the year, 2622 belonged to the female sex, and 1782 to the male. Of this number 46 per cent of the males were cured, and 55 per cent of the females. Of the deaths, the males were 6 per cent, and the females 4 per cent. Of the total admissions there were 47 per cent more females than males. These statistics may be taken as a fair criterion as to the ratio of insanity between the sexes.

This greater liability of the female sex to become insane is associated with other peculiarities worthy of consideration. It is a curious thing that mania is a more frequent form of mental disorder in women than in men, but though it often proves fatal in the latter sex, it is found to be much more amenable to cure when developing itself in females. I am led to this

conclusion, not only from my own experience, but from statistics which show that the ratio of recoveries from mania is in the female sex 9 per cent more than in the other sex. In the latter the number of deaths exceeded by 2 per cent the rate of the mortality met with in the former.

In discussing this question it is of interest to consider the influence which the seasons exert in producing insanity in females. In the statistics of a large hospital for a period of twenty-two years there was a total of 4974 lunatics admitted. Of that number 2955 belonged to the female sex, and 2018 to the male. Analysis shows us that during the first quarter of the year—during the months of January, February, and March—the number of females received amounted to 649. In the second quarter of the year—April, May, and June—842 were admitted. In the third quarter—July, August, and September—798 was the number, and in the last quarter—October, November, and December—the admission of insane women amounted to 668. We see, therefore, that a much larger number of insane women were admitted during the second and third quarters—in spring and summer—than in any other period of the year. On the other hand, most cures were effected in the fourth quarter, while most deaths occurred in the first quarter of the year. On an analysis of each month taken individually, I find that in the month of May the greatest number of female curable lunatics were admitted, and the smallest in January. Less females were discharged cured during the early part of the year than in any other part of it, and the least in April, May, and June. With these data to guide

us, we may rationally conclude that, as the temperature of the weather diminishes, and the year draws to a close, so may we form a more favourable opinion respecting the prognosis in cases of insanity in women. On the other hand, seeing that insanity is so much more prevalent in summer than in winter, every exciting cause, whether physical or moral, ought to be carefully guarded against in the former season, especially in those women who are in any way liable to, or in whom has been developed any previous attack. The influence of moral causes is greater in the insanity of women than among men. This shows itself especially in melancholia, to which women are also very liable. This complaint may deviate from slight depression to one of acute despondency. Moral insanity is less marked in cases of mania, and almost disappears in cases associated with paralysis.

Domestic Cares the Chief Cause of Insanity in Women.—The most active causes in the production of mental diseases in both sexes are sensual excesses, pecuniary anxieties, and domestic cares. These three causes have a different relative influence in the two sexes. In man the order of importance is: (1) Sensual excesses (in which drink plays an important part), (2) pecuniary anxieties, (3) domestic cares. In woman the order is exactly reversed, domestic cares being the predominating influence, and sensual excesses the least. Out of 1000 cases of which I have statistics, a recognised moral cause was found in 565 males and in 762 females, whereas other causes occurred in 435 of the males and 238 of the females. This shows that moral causes act more strongly on the female mental organisation than on the male.

Of course woman, from her formation and the duties she has to perform in life, is liable to become mentally unhinged ; but at the same time she is free from that abnormal excitement which surrounds man in his endeavour to compete with others, and to hold his own in his battle with the world. It is a difficult thing to obtain proper statistics as regards lunacy in women. In the higher and middle classes of society it is well known that, instead of being placed in an asylum, women are often taken care of at home during their mental affliction, especially if it is the first attack, and one deemed curable in its nature. There is a disinclination, in fact, to send a woman, if it can possibly be prevented, in whatever class of society she may belong, to an asylum.

Certain forms of mania are very common in women. One is the delusion that men are in love with them. I have come across many women who, while labouring under a delusion that some man had encouraged them in their feelings, would continue to persecute him in their attentions. This form of female mania is often directed against clergymen. Something that he has said in his sermon will be construed by a woman as affecting her, and perhaps she will write numerous letters to him, until he has no alternative but to communicate with the girl's friends to stop the persecutions.

Women who pursue Clergymen.—One typical case I recall. It is that of an elderly lady who repeated to me the oft-told story that a rector of a parish, himself a married man, had been alluding to her in his sermons. Wherever he went she pursued him ; every gesture, every word was interpreted by her to mean something. She took copious notes of what he

said in his discourses, and gave to such expression her own meaning, until the idea became such an intolerable nuisance that the rector had no alternative but to caution her relatives. In whatever church he preached, there she was found, occupying a conspicuous position among the congregation. She had to be eventually placed in an institution. This is a form of moral insanity, and the victims to it are, as a rule, elderly females of by no means prepossessing appearance. There is a typical class of such cases, and many vicars of large parishes can bear me out in what I now say. But clergymen are not the only victims! A short time ago I saw a lady who entertained the same delusions with reference to a member of Parliament, and persecuted him with her letters, conspicuous by their length. She had favoured me for a very long time with her lengthy effusions relating to this matter, and she was gradually getting worse and more excited. She imagined that some voice was telling her to do this and urging her on, and, acting under the belief that the voice was a real one, she obeyed its command. Her friends were ultimately communicated with by the gentleman in question, and she was taken proper care of. Medical men are constantly favoured by such attentions—I think nearly as often as clergymen. I recollect a case of a lady over sixty who persisted in paying me two visits a day, just to ask some simple question. This became such a nuisance to myself that the interviews were ultimately held on the doorstep, but still she persisted in calling at my house. Her visits, I am glad to say, apparently without any reason, came to a sudden termination, much to my gratification. A frequent delusion in the sex is that

they are possessed by devils or witches. Some years ago I was consulted by a governor of one of the United States in consequence of the sudden development of this "witch" delusion in the lady he was about to marry. The governor and his fiancée (who was a widow), accompanied by her daughter, had come to Europe, and after having bought her trousseau in Paris, returned to London. On the eve of her departure she suddenly became maniacally afflicted with this delusion. I was sent by the American Legation in London to advise on the case. The passage had been secured on the White Star Line, and it was a question of vital importance for them to sail. I managed to get the patient safely down to Liverpool; she went quietly, under the delusion that the witch was switched on behind. I went in the same car and placed her under the charge of the doctor of the ship. She reached home safely, and on her arrival in the States was placed in an asylum. She ultimately recovered, and married the governor.

There is another case of demoniacal possession that I recollect. This was in the form of acute mania. She imagined that she was possessed by a witch, and that the devil was inside her, that she had been sent by the devil to earth, that she was doomed to go to hell, and that the gates of heaven were closed to her. She was raving continually, and was very wild in manner. Her mother, who brought her to my house, told me that she had been raving all night, and that she kept shouting out "that she was being killed," and jumped in and out of bed, and groaned, talking incessantly. She was in a dangerous state, and was sent at once to an asylum.

The case was a very sudden one, and, as is often found in maniacal cases in women, it had come on without any previous warning.

I recollect a lady who imagined that her love was reciprocated by a clergyman, and who went to a suburb a few miles out of London to visit him. She only went for the day, and left Euston in the morning perfectly well. She returned to town the same evening apparently in her usual state, but when the train reached London she was found raving in an acutely maniacal condition in the railway carriage. This is not an isolated case, for I have known many similar ones of acute mania occurring in quite as sudden a way.

Melancholia is a form of insanity frequently met with in females, and, as I have previously said, is characterised by great mental depression and despondency, and generally with suicidal tendencies. There is a special variety of this complaint to which girls are subject. It is that of "static melancholia," in which the individual so afflicted stands in one position more or less all day, rarely, if ever, altering her posture.

Some years ago, when Miss Lingard was called upon to portray in *Called Back* the character of Pauline, the heroine who goes out of her mind, she communicated with me as to how to study such a mental complaint as that of "static melancholia." I offered to accompany her to Bethlem Hospital, and there showed her a typical case to illustrate the character. She succeeded in giving a realistic representation of the disease. Many women pine and ultimately become melancholy mad in consequence of

an imaginary or a real love affair. Hysteria, or, as it is now better known, neuæsthenia, plays an important part in unhinging the minds of those women who are predisposed to mental disorders. Hysterical symptoms of all kinds very frequently are the forerunners of mental alienation. The symptoms assume the most varied form, and are complicated with epileptic and cataleptic conditions, and often with hysterical mania.

Symptoms of Insanity in Women.—Among the nervous symptoms met with in the hysterical character which may ultimately lead to mental aberration, is a special form of a convulsive cough. I have observed this in several cases in women who ultimately became insane. It may persist for months, even for years, after recovery from the mental disease; then it becomes intermittent, and disappears as it came on. Hysteria in women may simulate every possible disease under the sun. I remember my attention being drawn, while passing through the wards of an hospital, to a girl who was supposed to be suffering from a form of paralysis, which had necessitated her being confined to bed for a period of six months. The case, at the time, was not in my department of the hospital; I was simply asked to examine her. From the symptoms I observed, I was led to believe that the complaint from which she suffered was acute hysteria, and, acting on this belief, I decided to try and put her to the test. I had her taken out of bed by two nurses and led to the end of the ward, which was a very long one. I then had her placed in the corner of the ward, and ordered the nurses to leave her alone and unsupported. Without the least difficulty the patient, who up to that time had been considered incapable

of the least exertion, and unable to move a limb, walked back to her bed a cured woman. I allude to this case especially to show to what extent hysterical symptoms in women will go if not checked, and often deceive those who may be inexperienced in such matters.

Doing Everything three Times.—Another curious symptom I have observed in girls who are on the borderland of insanity, if not actually affected at the time, is a desire to do things a certain number of times—generally three. For instance, they will come down with their bonnets on ready to go out, but before they will do so they will go upstairs and take them off again, and this will be repeated a certain number of times. They will get up from the chair to go to the door, and having done so they will return and sit down again, repeating the act as before. They will then walk a certain number of steps backward and forward, and any questions that may be asked them they will ask for a repetition three times. Insanity in women, especially in the acute stage, is of a more violent character, and sadder to witness than when occurring in men. All the deepest feelings of emotion and love which exist in the female organisation are deranged. Natural affection, so strong in the sex, becomes often changed to hatred. Intensity of affection is replaced by the deepest desire for revenge without any apparent cause.

A patient was brought to my house suffering from acute suicidal mania, shouting out and struggling violently. Delusions that voices were telling her to commit homicide and suicide. Made various attempts in my presence to strangle herself. The

case had come on very rapidly. She had to be removed on an "urgency order" to an asylum.

A young girl suffering from rambling, incoherent mania, in a complete state of oblivion, laughing incoherently. The violence had been increasing of late, and the progress of the case was sure but slow; also dealt with on an "urgency order."

A curious case came under my notice. A lady who had a face as if a cat had scratched her, and who was more or less disfigured. She had strange notions. She declined to wear new clothes, or in fact any linen until it had been previously well washed. There was want of all mental control. She was most vindictive towards her family, for no reason, as they had been very kind to her. She was slovenly in her appearance, and declined to use a handkerchief or a towel, but in their place she used pieces of ordinary paper, one for her nose, one for her ears, and another for her eyes. She had also threatened to commit suicide. At times she became excited, and was very uncertain in her conduct and behaviour. It was a typical case of moral insanity, and she had to be carefully taken care of consequently.

Female, age fifty-six. Suffered from total loss of sensibility and consciousness at times. This condition coming on suddenly and at all hours. The attack varied from five to ten minutes, during which time she was completely unconscious. She had peculiar nervous sensations of various descriptions. Her mother was hysterical. She never suffered from epilepsy; she described her symptoms as being those of a most extraordinary nature. "She cannot follow what she reads, suffers from sleeplessness, says

she is afraid to read the papers lest she should be tempted to commit the various acts by persons reported on in the press. Says she is afraid she might commit murder, and is in a highly nervous condition and full of imaginary sensations." These attacks of excitement appear to be periodical. She is most irritable, imaginative, and the whole of her thoughts are fixed on herself.

Female, age thirty. Attack coming on for eight months. Commenced with delusions of suspicion for no reason whatever. These were chiefly regarding her husband, who was not allowed even to speak to a little child. Then it developed into days of silence, during which time she would neither speak to anybody or do anything. She was lost to all sense of moral responsibility, and neglected her home and herself. She had been away from home to various places, and though apparently she improved in the first instance, she ultimately got worse. When she was first taken ill her expression was one of hardness, and as the disease progressed her strange expression disappeared, and she became more resigned and submissive. She declined her food at times, but nevertheless expressed herself as feeling very happy. Her father committed suicide, and she often threatened it herself. She had no headache, but at times she appeared quite unable to realise anything that went on round about her. Small things seemed to worry her, and she was intensely jealous. There was a constant dread that something was going to happen, and she was waiting for this crisis.

Female, age twenty-five, suffered from mental depression of eighteen months' duration. Heard noises

in the head like steam-engine. Memory very variable, "takes interest in what goes on. Says she had made attempts on her life." Suffered from headache, tore up all her clothes.

Female, age thirty-eight. Want of will-power, decision, and mental balance. Always discussing symptoms; worries about trifles; very excitable; nervous history on both sides of the family.

Woman, age thirty-three. Daughter of a retired Indian judge; educated in Scotland; sent to England, age sixteen, and placed at school there. In consequence of her mental condition, she was unable to be taught the ordinary lessons, and she was sent back to India, where she was treated unkindly. Some years afterwards she returned to England, but being found wandering about London she was placed in the work-house. She was sent to a convent in the neighbourhood of London. She became very stubborn and very excitable, and she left the convent. She suffered from headache, loss of memory, irritability, want of power of concentration. She was taken care of, in consequence of being homeless, by a female rescue society, where she was very kindly treated, and where I saw her, but in consequence of her mental condition getting worse and becoming suicidal it was necessary to place her in an institution.

The following is a remarkable case of sudden recovery. The patient was a pleasant little woman, of delicate make, and rather feeble constitution. The wife of a young farmer, just commencing life, whose slender resources were quite exhausted in providing for, and taking care of her during her sickness and insanity. Her derangement was caused

by convulsions, and at the time of admission these had continued between five and six months, without a lucid interval. When received she was noisy, incoherent, and careless in her habits and personal appearance, and very much emaciated and reduced in strength. So wretched was her condition, and so few the remaining traces of intelligence in her poor thin little face, that for a long period her case was regarded as utterly hopeless and lost. For weeks she continued talking and muttering to herself in the most imbecile and childish manner, with very little intermission either night or day, frequently lying down upon the floor, or sitting in some retired corner of the building for hours together. Every effort was made for her personal comfort and relief by a properly regulated diet and such medicines as were suitable; but it was a long period before there was any visible token of amendment or encouraging circumstance. At length her scattered senses and bewildered mind seemed to be less confounded, her appetite improved, and she began to inquire a little, and show some degree of interest in surrounding objects, and to request employment, which was given with the happiest effect.

But still her mind continued weak, and frequently disposed to wander, and there seemed to be the greatest difficulty in regard to her personal identity. For several weeks she believed herself to be a horse, or cat, or some strange animal. One day, however, she suddenly came to herself in a manner equally simple and surprising. She was quietly engaged with her needle, and after looking steadily for some time at her hand, she all at once exclaimed: "Well

now, do see, if there ain't that same little odd scar behind my thumb, and now I know it's me, sure enough!" From that time forward every trouble and delusive feeling entirely vanished from her mind, and she was perfectly restored to the enjoyment of reason and health—a well-behaved, industrious, and excellent woman, fully sensible of the great change effected in her condition, and very grateful for the services and the kind treatment she had received at the institution.

The following illustrations of the power which patients sometimes are capable of manifesting in the concealment of their delusions are interesting:—

In one, a female of very strong passions, there were a variety of hallucinations, both of vision and hearing. People's faces appeared to her to change both in form and colour. She heard voices, and held converse with imaginary forms. Under the influence of an ardent wish to obtain her discharge, she declared that she had got entirely rid of all her false impressions. She even went so far as to explain that a lecture on ventriloquism, which was delivered to the inmates on one occasion, had been the means of explaining to her how she might have been deceived with regard to the fancied sounds. It would have been difficult for a stranger to have discovered in her any trace of insanity; yet, after maintaining her propriety of conduct, and preserving her secret for some time, she suddenly gave way to violent passion on finding that she was not immediately to obtain her liberation; and in the midst of this ebullition gave full indications that all her hallucinations still maintained their place in her mind.



SOME TYPES OF MADWOMEN.

Another case was one of still greater interest. It also occurred in a female of amiable dispositions, fond of reading, industrious in her habits, and mild and gentle in her ordinary demeanour. She entertained an illusion that, although in her body and person she was J. A. L., yet that her body was the actual residence of the Divine Spirit, which had been incarnate in our Saviour, and was now incarnate in her. With singular inconsistency she wrote a novel, and at all times readily joined in the song or the dance. An attempt was made, by powerful moral agency, to uproot the delusion, and apparently with perfect success. For a time she defended her position with great obstinacy and cleverness, and seemed immovable; but the combined influence of reasoning, ridicule, and appeals made to her other intellectual and moral faculties, at last led her to renounce and repudiate her illusion. She then also commenced to look upon it with ridicule, and appeared to be completely free from its influence. Some time afterwards, when preparations were being made for her removal, the disappointment of some expectations, which she had been led to entertain regarding the kindness of her friends on leaving the institution, brought back all her former symptoms, combined with others of a similar character; and from her own statement, in subsequent conversations, it appeared almost certain that her illusions had never really been dispelled, but were only held in abeyance and concealed for the purpose of gaining esteem and obtaining her discharge.

2. MADMEN

One remarkable case was a gentleman who had a delusion that every dog that touched him in the street contaminated him. He was thirty-six years, of a timid and reserved disposition, sensitive, and very irritable. He apparently was able to transact his ordinary business routine to the satisfaction of his employers, and held a public position of trust. He was very self-conscious, and this was a most marked feature in his case. A few years before he took medical advice, he had confirmed ideas of homicide, his desire being to kill some one, but he apparently was not particular as to his victim. This delusion was only uppermost in his mind for a short period of time, and was replaced by another with reference to the dogs. He had a horror of these animals, and nothing he could do would rid his mind of this dread. Every evening, before retiring to rest, he would look under his bed to see whether any dogs were secreted. He was constantly changing his lodgings, from the fact that dogs were more or less associated with the occupants of the house where he might then be staying. The appointment he held was that of Surveyor of Taxes. He found, however, that some of the clerks who came to his office where he worked during the day had dogs of their own at their homes, so that his mind at once became unsettled, and in consequence of this he gave up his appointment. He then went to stay at an hotel, but on finding out that the occupant of the room opposite to his had a dog, and that the chambermaid who made his bed also attended to the

occupant opposite who owned the dog, he declined to occupy the bed made by the chambermaid, because he believed she must have touched the dog, and would thus contaminate him. The sight of a dog nearly drove him to distraction, and if, when walking in the street, a dog happened to touch his clothes, he went home at once and changed his suit. His wardrobe was thus full of suits of clothes, only worn once in consequence of having been touched by dogs. His whole conversation and attention were entirely absorbed on this one subject, which was ever uppermost and foremost in his mind.

He was advised to place himself as a voluntary patient in some large establishment in the neighbourhood of London. He agreed to do so, but on going down to make his arrangements to stay, he unfortunately saw the medical superintendent walking in the grounds with two small dogs at his heels. He at once returned to town, and since then has disappeared from view.

A man aged fifty-three suffered from homicidal and suicidal mania, constantly raving about being killed, and also threatened to kill people, or commit suicide. These delusions were apparently much worse at night, whilst during the day he was comparatively quiet and rational. He imagined that people were drugging him. He was irritable, memory much impaired, suffered from loss of power, was very emotional and deficient in all mental concentration. His speech was tremulous and thick, which was worse at night-time.

I remember a well-known Shakespearian actor who suffered from melancholia from over mental labour.

He was comparatively well during the day, but as the hour approached for him to have attended in the usual way, had he been well enough, to his theatrical duties, he became acutely maniacal, the attack ultimately subsiding as the hour of midnight approached, when the performance would have been over. I was present at his deathbed.

Youth aged twenty-three. His attack had been coming on for some years. Suffered from loss of memory, inability to recall things, misspelling words, very nervous disposition, and mental debility. For some time before coming under observation he had suffered from continuous headache. He appeared to have overworked himself at college. Woke up in the morning entirely unrefreshed, and it was a long time before his brain would come into action. During conversation at times there was great difficulty in finding an explanatory word which would describe his symptoms. Very sensitive and very drowsy. Patient ultimately recovered.

Gentleman aged forty-five, ill for a year. Married man with five children. Engaged in an office where a number of girls were employed. "Says he is constantly chaffed by these girls, and every girl that speaks to him makes him blush. He is morbidly sensitive, and fancies that people look at him in the street." This delusion increased, and he became a confirmed lunatic. The delusions, though small at first, became of gigantic proportion, and he imagined that every one was looking at him or talking about him, and his mental condition became one of confirmed insanity.

I was consulted with reference to a very peculiar

case by the relatives and friends of an English subject, who for some time had conducted himself in such a manner as to warrant my advising his being placed under proper supervision. I had many interviews with his friends; and, after a thorough examination of the gentleman, I advised that certain steps should be promptly taken, cautioning them that unless this was done something serious might happen.

As is often the case, however, in such matters, the relatives wavered, writing to me that inasmuch as he was better, they would delay taking the steps I advised.

Within a few weeks of my examination the gentleman received an invitation from a firm of merchants in Rotterdam, for whom for many years he had acted as agent in Liverpool. Most imprudently his relatives allowed him to proceed to Rotterdam unaccompanied. On his arrival there he was invited to call on the firm, and a paper was given him to sign, which he did. He was also entertained at dinner.

It appears that this paper contained an admission of the fact that he was indebted to them for a certain sum of money. He was asked to call the following day, when to his astonishment he was arrested and placed in jail in Rotterdam for debt, the law being that if a foreign subject owes a Dutch subject money, he can be arrested should he put his foot in Holland, and is liable to imprisonment for seven years.

The lawyer, accompanied by the unfortunate man's wife, called on me, and instructed me to go over to Rotterdam and interview the authorities there. We started the same evening, and the next day called upon those in authority, but I was informed that I

could not legally be heard for at least two months. I saw and examined the accused in prison, and sent my statement as to his mental condition to the Government. I also called upon some of the lunacy experts there. I found that nothing could be done in the matter, and I returned with the lawyer and wife of the patient to England.

A few days after my arrival I forwarded a letter to the *Times* newspaper, in which I gave full particulars, with the result that, much to my astonishment, the patient, his wife, and solicitor, all walked into my consulting-room in London a few days after. My letter had been translated into all the Dutch papers, and so much weight had been caused by my interference in the case, that they would not any longer keep him in prison.

Upon investigating the accounts of the firm subsequently, I am informed it was found that, instead of the patient owing the firm money, the books disclosed the indebtedness of the firm to the patient.

The explanation of the whole matter was as follows:—The patient was an important agent of the Dutch merchants, who, having heard rumours that it was his intention to leave their firm and transfer his interests to a rival one, thought that the best thing they could do, knowing his weak mental state, was to entrap him in the way I have just mentioned; but they were thwarted in their plans.

A short time ago a gentleman called upon me and wanted me to examine his father, who was squandering his money very rapidly, having just wasted £16,000.

A mental expert who had been called in had given as his opinion that it was only a case of wickedness

from drink, and that nothing could be done but to let him drink. I saw him the same afternoon, and on his table was a cheque for £2000, which he was on the point of sending to his lawyer, who was playing into his hands, to cash. The son was naturally anxious, as the property, which was being squandered, he would inherit on his father's decease, and in addition to this he was about to marry. I diagnosed the case as being one of general paralysis of the insane; and the history of the case, as presented to me, was as follows:—

The man was a clergyman of the Church of England, who had met with an accident in the hunting field in 1875, injuring his spine. Previous to that time he was in perfectly sound mind, and always conducted himself in a proper way. Some months after the accident he had a paralytic seizure, and it was at once manifest that his mental powers had been impaired. In consequence of the seizure his face was drawn down on one side, and he had a difficulty in his speech. After this he took no notice whatever of his affairs. He kept no accounts, and would frequently carry large sums of money about with him. He would also order a quantity of furniture for which he had no use whatever. Sometimes he managed to countermand the order, while at other times he had great difficulty in doing so. He also sent home large quantities of fish, fruit, and other articles. The food was given to the dogs, but sometimes there was such a large quantity sent that even the animals could not eat it, and his friends had to bury it. He then developed a craving for drink, which increased in 1889, and he frequently became intoxicated. His expenditure had been very

large, considerably over £2000 beyond his income, which was about £5000 a year.

His conversation at this time was very rambling. He could not talk coherently for any length of time. In the spring of 1891 he was taken to Tunbridge Wells, and after that to St. Leonards. He treated his wife, son, and sisters with general unkindness, and utterly neglected them. He also used very strange language towards them.

On some of the hottest days in summer he would insist on making large fires all over the house, while at St. Leonards he wanted to walk about during the day with only his night-shirt on, and a dress coat over it.

His son informed me that his memory had been failing since 1889, and that he was in the habit of putting his fingers in his mouth and puffing away under the impression that he was smoking cigars. He also had a habit of going to bed with all his clothes on, and would take up to his bedroom a red-hot poker in order to keep the fires lighted all night, even in the hottest weather. I advised that he should be placed in an institution on the Continent, near Brussels, where he would be out of the way of those who desired to encourage him in his ruthless expenditure and in his delusions, which was evidently being done when I first saw him. The cheque which he had drawn, and which he was on the point of getting negotiated, I managed to stop, and within a few hours I had him safely located in the institution. A few months after this I had his property duly protected for the benefit of his son, wife, and family, a due allowance being made for his own maintenance.

The case created quite a stir in England, for it

was the first case in which a Commission of Lunacy had been held on any one who was at the time of such inquisition out of the jurisdiction of the English courts. The Commission had therefore to be held at Dover, the nearest English seaport to the place in which the lunatic was then located. The jury consisted of twenty-three members, who heard evidence in the absence of the individual. I was one of the principal witnesses examined. The jury having heard my evidence and that of the distinguished foreign alienist who attended, brought in a verdict of mental unsoundness and inability to manage himself and his affairs. At the date of my visit to him in London, just previous to his being placed on the Continent, the following is a description of the symptoms he exhibited:—

I found him in a state of great mental excitement, walking up and down the room. He seemed to be pleased to see me, although I was a perfect stranger to him. He cordially greeted me and asked me to dine with him. He asked no questions as to the purport of my visit.

His speech was defective, and his articulation impaired. His gait was unsteady, and to all intents and purposes was like that of a drunken man, although he was perfectly sober at the time. He was in my opinion suffering from general paralysis, the result of the accident I have referred to.

I disagreed altogether with the previously expressed opinion of the other expert who had examined him, as to the case being simply one of intoxication of a chronic nature, and my opinion proved correct, as the case ultimately turned out.

The craving for drink was the effect, not the cause, of the malady. At the time of my examination I considered that the disease had advanced into its second stage, and that the result of the case was to my mind inevitable. I prognosed that he could not possibly recover from the malady, which was progressive in its nature and gradual in the course of its development.

From the rapid diagnosis at my first visit and the immediate and prompt action, I was thus enabled to save the estate from ruin, which must necessarily have ensued had some steps like those I advised not been taken.

A patient had sudden loss of memory; was constantly taking rooms and forgetting the locality. Did not recollect where he slept recently. Broke down completely; absolute want of mental balance. This gentleman was an American citizen, his family well known in the United States, and he was helpless and forlorn in London whilst in this condition. He was advised to place himself voluntarily in an establishment, and he made a complete recovery.

Six years ago a man had a fractured thigh, and injury to his skull. He apparently recovered from this, and was able to go on with his work. At the time of the accident he had a sudden shock, and what he then saw made such a great impression on his mind that he was unable to shake it off, and it was always uppermost in his thoughts. He kept starting and jumping in his sleep. Memory was very bad for recent events, and there was no headache. When reading a book he forgot what he read half an hour afterwards. Previous to the accident

the mental condition was all right, but since then he became irritable, excitable, and emotional.

Gentleman aged thirty. Always been more or less strange, but never been under supervision. Father was a great drinker, patient was very nervous, and over-conscientious. If asked to execute a commission he would have an idea that he had not given the right change. He had a fear lest he should commit suicide.

Gentleman, aged thirty-four. There was insanity in his family. Feared lest he should commit murder and suicide. He dreaded his own safety, which was beyond all self-control. One brother committed suicide, his mother attempted suicide in an asylum, and his grandmother attempted both murder and suicide. He was very anxious to go under proper control, and said that something seemed to impel him to stick a knife into some one. He was quite unable to collect his thoughts, and he was placed under supervision.

I recollect the case of a gentleman, aged fifty-two, who suffered from nervous debility, and had periodical attacks of deafness and noises in the head. He suffered from great pain in the forehead, which came on regularly every night after waking at 3 A.M. This condition came on suddenly in the night, and it caused him to feel as if he was staggering. His sleep was variable, and during this he groaned and moaned, and threw his arms about. He was a hard worker, and had a great deal of mental excitement. Sometimes he became beyond control, and smashed the things about the room without any warning. He very much improved under treatment, and when I last saw him he was comparatively well.

A gentleman, lodging in the neighbourhood of London, returned one evening and retired to bed early. He was unable to sleep, and hallucinations occurred. He rose at 4 A.M., and thought the landlord was pursuing him; he started off to run out of the house. As he went along he imagined that various voices were speaking to him, and that he got through the hedge to get into heaven; this condition lasted for half-an-hour. He felt during the whole of this time supremely happy. After a period of time he again realised the fact that he was on earth. He continued his walk towards King's Cross, still fancying that he was followed; he spoke to a policeman, and in consequence of his strange conversation he wanted to give him in charge, his conversation being like that of a person suffering from an attack of *delirium tremens*.

It has been stated that insane patients are incapable of acting in concert or in combination, and on this account they are more easily controlled. It is very rare that two or more patients act in unison, but the case I am about to describe will illustrate an exception to this. Four patients, an American, a German, an Englishman, and a Scotchman, were inmates of the same asylum, and all occupied the same gallery. They were all comfortably situated, and doing well, especially the first three, who were considered improving, and gave daily promise of favourable results. But becoming uneasy and discontented, they began to consult together and contrive ways of escape from the building, encouraged by the descendant of the Scot, who had long been a troublesome fellow, and was frequently detected in attempts to break out. At

length a plan was proposed by the American, which met with general acceptance, for it was well calculated to outwit their friends, the doctor and his attendants, provided they could safely elude the perpetual curiosity and vigilance of a very stirring gentleman in the same class, whom they were afraid to trust, well knowing his candour and disposition in such matters, and being fully apprised of his partiality for the head of the institution, with whom he had made a very satisfactory contract to study medicine for the period of twenty-one years. But as this famous student was very fond of preaching, and could easily be set a-going at that, it was proposed that one or two of the band should keep him at this employment whilst the others were engaged in carrying out their plan. Having procured the rusty blade of an old trowel, that some one had carelessly left within reach, they commenced daily operations upon one of the front windows, and at last succeeded in removing all the screws and other fastenings by which it was secured, until it could at any time be easily removed; carefully disposing of all dirt, and filling up the screw holes with soft bread to prevent detection. All things being ready for action, they selected an evening immediately after the commencement of the religious services, as the best time to take out the window, and give them all an opportunity to get out, thinking it probable that their unsuspecting attendant would, upon that occasion, accompany other patients, and be a short time out of the way.

Accordingly, when the time arrived, and the last stroke of the service bell had fairly died away, and they had seen their attendant leave his place, they

began by mounting the student upon a chair at the opposite end of the hall, with his back towards the unscrewed window, and giving him his favourite text; the iron sash was quickly removed while the preacher was in full swing, and each in succession commenced their hasty escape. But it so happened that one of the ladies attached to the institution was returning at that moment from church in the city; she gave the alarm to an attendant in sight, but only in time to secure the unlucky Scot, just as he was reaching the ground in jumping from the window. The others had got down before him, and, taking to their heels, were soon out of sight in the neighbouring wood. Every hand that could be spared from duty immediately started in pursuit, and it was but a short time before a faithful and active attendant, well up to business of this nature, got upon their route, and succeeded in taking the whole of them together, at the distance of twelve miles from the asylum. He brought them all back in a farmer's waggon hired for the purpose.

They were kindly received, and returned to their old quarters, where in due time the German and the Englishman were restored fully to their reason. The American afterwards broke out again and ran off, but he was so nearly well that he arrived at home safe, and in the possession of his reason.

Hallucinations coming on between the state of sleeping and waking are often the precursory signs of an attack of madness. A man woke up in the middle of the night, and struck with an axe a phantom which he saw before him. Shortly after that he killed his wife, with whom he had always lived on the best of terms. Before that he had never shown the least dis-

position to insanity, nor did he ever afterwards. The case was exceedingly interesting to the medical jurists, and was proved by consultants that the murder was committed between sleeping and waking. This opinion was considered most unsatisfactory, as it led to the idea that a man might commit a murder in the night, and when found in the morning be in a perfectly sound state of mind, and would be allowed to plead an hallucination. There is foundation for the supposition that the insane are liable to an access of paroxysm after sleep. Thirty instances I know of go to prove that this phenomenon occurs. These attacks are the forerunners of insanity, especially in those predisposed to it. Any hallucinations between sleeping and waking foretell the coming on of disease; it may be months before it will show itself, but it is generally not more than two or three days.

The particulars of a case of insanity in a deaf mute are recorded, as presenting in its progress some interesting psychological phenomena. They were—

1. That he wrote his delusion as to his capability of speaking in the same imperfect and incomplete manner that paralytics do.

2. That he spoke incoherently on his fingers.

3. That he lost the knowledge of the digital alphabet gradually, recollecting a few of the signs, such as S and H, much longer than others, and repeating them incessantly in his vain endeavours to render himself understood.

A young man of high promise, of amiable disposition, superior intellect, and fine moral perceptions, who had pursued, with ardour and success, a long course of classical, literary, and theological study, had

been for years haunted by a *single word*. He had long been able to preserve his self-control, and had carried his secret with him in the discharge of his daily duties. But the horrid word was continually before him. Everything suggested it, or led him to fear it would be suggested. It appeared to pursue all his conceptions with the untiring activity and relentless persecution of a demon. It gained upon him every day, until at last it met him in every line he read, and seemed to lurk under every placard, signboard, and door-plate. Every sound suggested it to his terrified imagination. He could not listen for fear that each word might be the one he so much dreaded; and feared to speak lest it should escape from his own lips. This monad became at last the terror of his existence; and he could no longer trust himself alone, lest he should be impelled to some desperate act, to save himself from his loathsome and inveterate foe.

The following is a communication of a patient, who at the present moment is in an asylum suffering from hallucinations of hearing and delusions of persecution. The letter is more or less incoherent, but curiously enough, accompanying the letter, there is a more or less lucid observation on the question of drink alluded to in the Report of the Lunacy Commissioners.

“On 7th August, after undergoing a course of starvation and apparently morphine poisoning, I wrote to the doctor as follows:—‘Permit me to remind you that you promised me some stimulant. Those voices become worse the more anæmic I become.’ I protest against my private affairs being discussed in my hearing here. Following all those written protests, which I keep in my letter-book, there came a double

dose of filthy drug last night, the occurrence of which I jot down in my medical and personal note-book. The same system of vile malpractice has been going on here for a long time, which I can only describe as hoccussing or mental moonlighting. To vary the treatment my food is occasionally drugged with some depressant, *e.g.* potassium bromide or sodium carbonate, when a variant is wanted they use a little tartarated antimony, or perhaps some subchloride of mercury; they have even gone the length of using cantharides; if that be not a slight indictment I do not know what is. The servant maids, *et id genus*, pride themselves on what they please to call sensitising or looking through my head; it strikes me that they have done it once too often. The doctor committed himself to the wrong side from the first in refusing to listen to my protests. I said, and still say, that a man cannot employ filthy instruments without at the same time defiling his own hands. I had a small discussion with him this morning on a question of treatment. There is a sort of navvy here who imagines, or flatters himself, that he takes charge of this place, and can do as he pleases. If the doctor exercised due supervision he would dismiss more than half of the attendants here. Some of them are incompetent, and some one or two can only be set down as dangerous lunatics."

Accompanying this communication is the following criticism of the views as stated by the Commissioners in Lunacy in their report:—

"The commissioners talk of intemperance in drink. My experience is that the quantity of drink imbibed does not count so much as the quality. Where good light ales are brewed and sold as they come from the

brewers' hands, no bad results follow ; but the licensed retailers will doctor their ales.

" I have drunk beers in moderation which produced on me the symptoms of morphine or absinthe poisoning, sometimes I even suspected strychnine. My idea is that the analyst's hand should be strengthened, and greater authority given to the local Customs officers for enforcing the sale of pure beer. Anent wines and spirits, speaking of this district, the quality is most inferior ; the brandy being highly coloured, and coarse, and the whisky raw and immature. The few samples of wine which I have examined have been decidedly inferior, crude, and immature. The French brands lacking in flavour and body, and the German such as would disgrace an ordinary hotel in any part of the better known parts of that country. Taking it all in all, the ales and lighter descriptions of beers are to be preferred, and the wines and spirits—unless the higher class brands are ordered and supplied—should be carefully avoided.

" Occasionally I have found some of the lighter ales fortified with brandy, but that I think was more of the nature of a practical joke than of malice prepense. I am of opinion, all the same, that the Commissioners would be doing a great benefit to the general welfare of Great Britain if they accentuated this view of the drink question, and at the same time made it easier to arrest and convict the sellers of adulterated drinks, by more rigid inspection and an easier access to the public analyst's department at Somerset House."

In the hospital of the Bicêtre there was a patient who was under the impression that he was guided entirely by a power whom he called his sovereign.

She exercised over him the most absolute sway; not only was she the primary cause of everything that had occurred to him, but she regulated his most minute action, even to his inmost thoughts. He was nothing of himself, but everything was his sovereign. When she paid him a visit, which was principally during the night, he heard her speak, he was conscious of her presence in his body; he knew it, he said, by certain sensations, by certain sufferings, which he experienced, sometimes in one place, sometimes in another. He had never seen her. He had constantly the word "sovereign" in his mouth; and his comrades in the hospital nicknamed him Sovereign. Towards the end of December, and up to the first week of February, he seemed to renounce his erroneous convictions, and he was looked upon as cured. He was the first to laugh at the idea of his sovereign. He acknowledged that the thought was foolish, that he had been in a dream, and wondered at his simplicity in putting faith in it. He got better, but he had a relapse. In fact, any one looking at him from the foot of the bed when he was quiet, could see in a moment that a complete change had come over him. His countenance was more animated than usual, his eyes brilliant and moist, the nose especially wore that red hue which is so commonly visible in the drunkard, the pulse was in its normal state, the tongue was white and slightly furred. Scarcely had he been spoken to, when he burst out with the utmost volubility, complaining of the attendants, of his neighbours, of all the world. His speech was incoherent; his lips and a portion of his face agitated with convulsive movements, the muscles scarcely seem-

ing to remain for a moment tranquil; the maniacal excitement was evident. Nevertheless, a slight remonstrance on the part of the doctor, who saw him, was sufficient to make him quiet, and to render him reserved. He listened and answered the following questions that were put to him, with great composure:—

“Oh, my poor friend! what, have you again returned to your former extravagances? Have you received a new visit from your sovereign?”

“My dear doctor, these are not extravagances; it is very true that I have not perceived her presence a long time; but last night she returned to me whilst I was asleep, and awoke me. She compelled me to speak—to say a vast number of things, of which I understood nothing; she insisted on my whistling and singing.”

“All that you say is very absurd. You have had a dream, that is all. How can it be that what you call your sovereign has compelled you to speak and to sing in spite of yourself? It is an utter impossibility.”

“My dear doctor, it was by moving about my tongue that she obliged me, whether I would or not, to speak.”

“You have forgotten that I made you hold your tongue, that I had even driven her out of your body, and that I threatened to cut into your side and take her out.”

“I assure you, doctor, that the sovereign told me that it was all the same to her, and that this time she would not stir for all that.”

“Where is she at this moment?”

"Why, doctor, she is in my head."

"Is she speaking to you now? Listen with attention."

He said, with a smile, he knew very well that she was in his head, but she was determined not to speak.

"Listen, now, again; probably she may make up her mind to speak."

With another smile, "The sovereign has decided not to speak."

A youth of excellent moral conduct and good intellect, and of very gentle manners, had become deranged while serving as a subaltern officer in the West Indies. His freaks, however, were those of a mere schoolboy—riding a great gun being, indeed, his favourite pastime. Morning after morning, attended by the soldier who acted as his keeper, he proceeded to a favourite battery, mounted his mettled steed, and went through all the actions and attitudes of a warrior bestriding his charger in full career—greatly to his own satisfaction, and to the amusement of others. At last, as his recovery seemed hopeless, a medical board recommended his being sent to England, and placed on half-pay. The day on which the vessel, on board which his passage had been engaged, was to sail, he was led unresistingly to the landing-place, and entered the boat awaiting him without reluctance; but when about half-way between the shore and the ship, affected probably by the motion of the waves, he sprang to his feet—no precautions against violence having been thought needful—he bit, struck, and kicked furiously; and was only secured with the utmost difficulty, after exposing himself and the sea-

men, and others who accompanied him, not only to mechanical injuries, but to the danger of a watery grave, as much skill was required to keep the boat trimmed until he was overpowered. After this sally he became again inoffensive, and gave no further trouble.

Though there are many recorded cases of various monarchs who have become insane, I will only select one of these instances to place before my readers.

One of the most remarkable instances of insanity among kings is that of George III. of England. The insanity of a monarch is an intense study, and of great interest to the jurist and historian. The reign of George III. was one of great importance, and replete with events of great moment in history. This monarch, who was on the throne for fifty-nine years, died at the ripe old age of eighty-two. He had no less than five distinct attacks of insanity. The first attack showed itself in 1766, after he had been on the throne for five years, when he was only twenty-seven years of age. From that period until 1810 he had relapses, amounting to five attacks in all. He made, apparently, complete recoveries from all these attacks with the exception of the last, which occurred ten years before he died. The average duration of these periodical attacks was about six months. When the first attack developed, his illness was kept from the outside world, and even from the members of his family and household. Seven physicians administered to his wants during these seizures. Pitt was rather astonished at having revealed to himself some important State secrets from the king. His mental condition was that of melan-



SOME TYPES OF MADMEN.

cholia, attended by depression and much constitutional mischief. He was very irritable, and none dared to oppose him or to contradict him in any way. He did not, at times, realise his own mental state, and he often would declare that he was "as well as he had ever been in his life." One of his peculiar features whilst in this state was to get rid of his Ministers and draw up lists of other ones, when after a short time he would become dissatisfied with this new list and make a fresh one, and so continue. A specialist was placed in care of him, and the one chosen for that object was the Rev. Dr. Francis Willis, who combined spiritual with medical knowledge. Though when appointed to the important post of specialist to the king he was at the great age of seventy years, he fully retained his talents and faculties to the very utmost, and took up his residence at the palace, being always in attendance on His Majesty. Other medical men were attached to the court, and no treatment was adopted until after a consultation between all had taken place. The medicinal treatment usually agreed to between the consultants was purely of a tonic and saline description. At the time to which I allude mechanical restraint was being much used in England, and the king was subject to this treatment; but, so far as I know of his condition, there was nothing to justify its use. The king, after his recovery, however, did not in any way regard the harshness of this sort of treatment, for one day, walking through the grounds of the palace, he said: "It is the best friend I ever had in my life"; this was an allusion made to the strait-waistcoat which had been adopted to restrain him. In

1788, between his second and third attack, a Committee of the House was appointed to decide the advisability of appointing a regent, and the following questions were submitted to the medical men in charge of the king :—

1. Is His Majesty incapable, by reason of the present state of his health, of coming to Parliament or of attending to public business?

2. What hopes are there of recovery? Is your answer on this question founded upon the particular symptom of His Majesty's case, or your experience of the disorder in general?

3. Can you form any judgment or probable conjecture of the time His Majesty's illness is likely to last?

4. Can you assign any cause of his illness?

5. Do you see any signs of convalescence?

The answers were not on the whole satisfactory, except with regard to the one relating to the probability of recovery, which was answered in the affirmative. The king did recover from his second attack as predicted by his doctors, but only to have a series of relapses. And during all this time public business was at a standstill. During his later attacks his memory became a complete blank, and he exhibited a very low degree of vitality. He fancied that he was dead, and ordered a suit of black "in memory of George III., for whom I know there is general mourning." Towards the end of 1819 he became prostrate and gradually sank, and died 29th January 1820. In other countries but England a mad monarch would have been deposed long before his mad acts had been allowed to injure his country.

CHAPTER X

UNRECOGNISED CASES

THERE are many cases at the present day of mental disorder which are unrecognised ; in other words, the mind is disordered subjectively, though objectively there may be no symptoms present. The question is a difficult one but of great importance to all sections of our community. It is beset with intricacies and surrounded by dangers. In the hands of the inexperienced, the ignorant, the indiscreet, and the wilfully designing, the facts that I have to record, and principles which I purpose to enunciate, might be productive of much mischief ; but, I ask, ought any apprehensions of this kind to deter me from entering upon this important inquiry ? The subject of latent and unrecognised morbid mind is yet in its infancy. It may be said to occupy, at present, untrodden and almost untouched ground. What a vast field is here presented to the truth-seeking and philosophical observer, who, to a practical knowledge of the world and human character, adds an acquaintance with the higher departments of mental philosophy. How much of the bitterness, misery, and wretchedness so often witnessed in the bosom of families arises from

concealed and undetected mental alienation! How often do we witness ruin, beggary, disgrace, and death result from such unrecognised morbid mental conditions! It is the canker worm gnawing at the vitals, and undermining the happiness of many a domestic hearth. Can nothing be done to arrest the fearful progress of the moral avalanche, or the course of the rapid current that is hurling so many to ruin and destruction?

This type of morbid mental disorder exists to a frightful extent in real life. It is unhappily on the increase, and it therefore behoves one to fearlessly grapple with an evil which is sapping the happiness of families, and to exert the utmost ability to disseminate sound principles upon a matter so intimately associated and so closely interwoven with the social well-being of the human race. These unrecognised morbid conditions most frequently implicate the affections, propensities, appetites, and moral sense. In many instances it is difficult to distinguish between the normal or healthy mental irregularities of thought, passion, appetite, and those deviations from natural conditions of the intellect, both in its intellectual and moral manifestations, clearly bringing those so affected within the legitimate domain of pathology. Are there any unfailing diagnostic symptoms by means of which we may detect these pseudo forms of mental disorder with sufficient exactness, precision, and distinctness to justify the conclusion that they result from a deviation from the normal cerebral condition? The affections of which I speak are necessarily obscure, and, unlike the ordinary cases of mental aberration of everyday occurrence, they frequently manifest them-

selves in either an exalted, depressed, or vitiated state of the moral sense. The disorder frequently assumes the character of a mere exaggeration of some single predominant passion, appetite, or emotion, and so often resembles, in its prominent features, the natural and healthy actions of thought, either in excess of development or irregular in its operations, that the practised eye of the experienced physician can alone safely pronounce the state to be one of disease. I do not refer to mere ordinary instances of eccentricity, to certain idiosyncrasies of thought and feeling, or to cases in which the mind appears to be absorbed by some one idea, which exercises an influence over the conduct and thoughts, quite disproportionate to its intrinsic value. Neither do I advert to examples of natural irritability, violence or passion, coarseness and brutality, vicious inclinations, criminal propensities, excessive caprice, or extravagance of conduct, for these conditions of mind may, alas! be the natural and healthy operations of the intellect. These strange phases of the understanding—these vagaries of the intellect—these singularities, irregularities, and oddities of conduct, common to so many who mix in everyday life, and who pass current in society, present to the philosophical psychologist many points for grave contemplation and even suspicion; but such natural and normal, although eccentric states of the intellect, do not legitimately come within the province of the practical physician, unless they can be clearly demonstrated to be morbid results—to be positive and clearly established deviations from cerebral and mental health. It has been well observed that a brusque, rough manner, which is natural to one person, indi-

cates nothing but mental health in him, but if another individual, who has always been remarkable for a deferential deportment and habitual politeness, lays these qualities aside, and, without provocation or other adequate cause, assumes the unpolished forwardness of the former, we may justly infer that his mind is either already deranged or on the point of becoming so; or if a person who has been noted all his life for prudence, steadiness, regularity, and sobriety, suddenly becomes, without any adequate change in his external situation, rash, unsettled, and dissipated in his habits or *vice versa*, every one recognises at once in these changes, accompanied as they are by certain bodily symptoms, evidences of the presence of disease affecting the mind through the instrumentality of its organs. It is not therefore the abstract feeling or act that constitutes positive proof of the existence of mental derangement, but a departure from, or an exaggeration of, the natural and healthy character, temper and habits of the person so affected.

These forms of unrecognised mental disorder are not always accompanied by any well-marked disturbance of the bodily health demanding medical attention, or any obvious departure from a normal state of thought and conduct such as to justify legal interference; neither do these affections always incapacitate the party from engaging in the ordinary business of life. There may be no appreciable morbid alienation of affection. The wit continues to dazzle, and the repartee has lost none of its brilliancy. The fancy retains its playfulness, the memory its power, and the conversation its perfect coherence and rationality. The afflicted person mixes, as usual, in

society, sits at the head of his own table, entertains his guests, goes to the Stock Exchange, to his counting-house or his bank, engages actively in his professional duties, without exhibiting evidence, very conclusive to others, of his actual morbid condition. The mental change may have progressed insidiously and stealthily, having slowly and almost imperceptibly effected important molecular modifications in the delicate vesicular nervous neurine of the brain, ultimately resulting in some aberration of the ideas, or alteration of the affections, propensities, and habits.

The party may be an unrecognised monomaniac, and acting under the terribly crushing and despotic influence of one predominant morbid idea, he may be bringing destruction upon his once happy home and family. His feelings may be perverted and affections alienated; thus engendering much concealed misery within the sacred circle of domestic life. His conduct may be brutal to those who have the strongest claims upon his love, kindness, and forbearance, and yet his mental malady be undetected. He may recklessly, and in opposition to the best counsels and most pathetic appeals, squander a fortune, which has been accumulated after many years of active industry and anxious toil. He may become vicious and brutal—a tyrant, a criminal, a drunkard, a suicide, and a spendthrift, as the result of an undoubtedly morbid state of the brain and mind, and yet pass unobserved through life as a sane, rational, and healthy man.

We witness, in actual practice, all the delicate shades and gradations of such unrecognised and neglected mental alienation. It often occurs that whilst those so affected are able to perform with praiseworthy

propriety and with scrupulous probity and singular exactness, most of the important studies of life, they manifest extraordinary and unreasonable antipathies, dislikes, and suspicions, against their dearest relations and kindest friends. So cleverly and successfully is this mask of sanity and mental health sometimes worn, so effectually is all suspicion disarmed, that mental disorder of a dangerous character has been known for years to progress without exciting the slightest notion of its presence, until some sad and terrible catastrophe has painfully awakened attention to its existence. Persons suffering from latent insanity often affect singularity of dress, gait, conversation, and phraseology. The most trifling circumstances rouse their excitability, they are martyrs to ungovernable paroxysms of passion, are roused to a state of demoniacal fury by insignificant causes, and occasionally lose all sense of delicacy of feeling and sentiment, refinement of manners and conversation. Such manifestations of undetected mental disorder are often seen associated with intellectual and moral qualities of the highest order. Neither rank nor station is free from these sad mental infirmities. Occasionally the malady shows itself in an overbearing disposition. Persons so unhappily disordered browbeat and bully those over whom they have the power of exercising a little short-lived authority, and, forgetting what is due to station, intelligence, reputation, and character, they become within their circumscribed sphere petty tyrants, aping the manners of an eastern despot. They are impulsive in their thoughts, are often obstinately and pertinaciously rivetted to the most absurd and outrageous opinions, are dogmatic in conversation, are

litigious, exhibit a controversial spirit, and oppose every endeavour to bring them within the domain of common sense and correct principles of reasoning. Persons, who were distinguished for their sweetness of disposition, unvarying urbanity, strict regard for truth, diffidence of character, evenness of temper, and of all those self-denying qualities which adorn and beautify the human character, exhibit, in this type of disordered intellect, states of morbid mind the very reverse of those natural to them when in health. The even-tempered man becomes querulous and irascible; the generous and open-hearted becomes cunning and selfish; the timid man assumes an unnatural boldness and forwardness. All delicacy and decency of thought is occasionally banished from the mind, so effectually does the spiritual principle in these attacks succumb to the animal instincts.

The naturally gentle, truthful, retiring, and self-denying, become quarrelsome, cunning, and selfish, the diffident, bold, and the modest, obscene. We frequently observe these pseudo-mental conditions, involving only one particular faculty, or seizing hold of one passion or appetite. Occasionally it manifests itself in a want of veracity, or in a disposition to exaggerate, amounting to a positive disease. It may show itself in a disordered volition, in morbid imitation, in an inordinate vaulting ambition, an absorbing lust of praise, an insane desire for notoriety, a sudden paralysis of the memory or impairment of the power of attention, with an obliteration from the mind of all the events of the past life. The disorder occasionally manifests itself in morbid views of Christianity, and is often connected with a profound *anæsthesia* of the

moral sense. Many of these sad afflictions are symptomatic or unobserved, and, consequently, neglected cerebral conditions, either originating in the brain itself, or produced by sympathy with morbid affections existing in other tissues, in close organic relationship with the great nervous centre.

The majority of these cases will generally be found associated with a constitutional predisposition to insanity and cerebral disease. These morbid conditions are occasionally the sequelae of febrile attacks, more or less implicating the functions of the brain and nervous system. They often follow injuries to the head inflicted in early childhood; and modifications of the malady are also, unhappily, seen allied with genius; and—as the biographies of Cowper, Burns, Byron, Johnson, Pope, and Haydon prove—the best, the exalted, and most highly gifted conditions of mind do not escape unscathed. In early childhood this form of mental disturbance may be detected in many cases. To its existence may often be traced the motiveless crimes of the young, as well as much of the unnatural caprice, dulness, stupidity, and wickedness often witnessed in early life. In the majority of instances, the patient is quite ignorant of his condition, and, indignantly repudiates the imputation of mental ill-health. In some cases, however, the unhappy sufferer is perfectly conscious of his lamentable state, and, feeling a necessity for cerebral relief, eagerly seeks the advice and consolation of his confidential physician. In this stage of mental consciousness, a painful struggle often takes place in the patient's mind relative to the reality of his mental impressions or suggestions. The questions occasionally occurring to

the mind are as follow:—Are these ideas consistent with health? Is there any basis for such thoughts? Am I justified in harbouring feelings of this nature? Are they false creations or notions of a healthy character, arising out of actual circumstances? A battle of this kind, with ideas clearly of a morbid character, I have known to continue for a long period, before the intellect has become prostrated or succumbed to insane delusion, or suicidal suggestion. This type of case often comes under the notice of those engaged in the treatment of mental maladies.

Hamlet, when he imagined his soundness of mind questioned, exclaims:—

“This is not madness, bring me to the test.”

Again, Shakespeare makes Lady Constance, when accused of insanity, in consequence of her intense manifestations of grief, declare:—

“I am not mad.”

She then proceeds to describe to her accuser her reasons for repudiating the imputation of insanity:—

“I am not mad; this hair I tear is mine;
My name is Constance;
Young Arthur is my son, and *he* is lost.
I am not mad;—I would to Heaven I were;
For then, 'tis like I should forget myself.
O, if I could, what grief should I forget!”

Then, in the bitterness of wild despair, she begs the cardinal to “preach some philosophy to make her mad,” for she exclaims:—

“ Being not mad, but sensible of grief,
My reasonable part produces reason ;
If I were mad I should forget my son,
Or madly think a babe in clouts were he.”

Again, overpowered by the terrible consciousness of her sad condition, she thus repeats her declaration of sanity :—

“ I am not mad ; too well, too well I feel
The different plague of each calamity.”

This condition of mind is closely allied to positive insanity. In this stage of consciousness the disorder easily yields to medical treatment.

It is unnecessary for me to direct attention to the frightful amount of unrecognised and untreated cases of mental depression associated with an irresistible suicidal propensity which has prevailed within the last twelve or eighteen months. The daily channels of communication convey to us this sad intelligence in language that does not admit of misconstruction. The melancholy history of one case recorded is but a faithful record of hundreds of others that are occurring within the range of our own vision. If the evidence generally adduced before the coroner is to be credited, in nearly every case of suicide cerebral disorder has exhibited itself, and the mind has been clearly and palpably deranged. In many cases, the mental alienation has clearly existed for weeks, and occasionally for months, without giving rise to the suspicion of the presence of any dangerous degree of brain disturbance likely to lead to an overt act of suicide. There are few morbid mental conditions so fatal in their results as these apparently trifling,

evanescent, and occasionally fugitive attacks of mental depression. They almost invariably, in certain temperaments, are associated with suicidal impulse. These slight ruffles upon the surface, these attacks of mental despondency, these paroxysms of morbid *ennui*, accompanied as they generally are with intense weariness of life, a desire for seclusion, love of solitude, and a want of interest in the ordinary affairs of life, are fraught with fatal mischief. How much of this character of disordered mind not only escapes observation, but is subjected to no kind of medical and moral treatment. Occasionally it may happen (but how rare is the occurrence) that the unhappy suicide may have exhibited no appreciable symptoms of mental derangement; but even in these cases we should be cautious in concluding that sanity existed at the time of the suicide. It often happens that a person is impelled to self-destruction by the overpowering and crushing influence of some latent and concealed delusion that has for weeks, and perhaps for months, been sitting like an incubus upon the imagination. Patients often confess that they have been under the influence of monomaniacal ideas and concealed hallucinations for months without their existence being suspected even by their most intimate associates. "For six months," writes a patient, "I have never had the idea of suicide, night or day, out of my mind. Wherever I go, an unseen demon pursues me, impelling me to self-destruction. My wife, my friends, my children, observe my listlessness and my despondency, but they know nothing of the worm that is gnawing within." Is this not a type of case more generally prevalent than we imagine? May

we not say of this unhappy man, with a mind tortured and driven to despair by a terrible, overpowering, and concealed delusion urging him on to suicide, as the only escape and relief from the acuteness of his misery :—

“ He hears a voice *we* cannot hear,
Which says, he must not stay,
He sees a hand *we* cannot see,
Which beckons him away.”

I will now give a few illustrations of this variety of unrecognised mental disorder.

The form of insanity exhibiting itself exclusively in acts of cruelty and brutality may exist unassociated with delusion. There is much of this latent and undetected alienation of mind in real life, producing within the sacred precincts of domestic life great irregularities of conduct, and a fearful amount of domestic misery. It often co-exists with great talents and high attainments, and is compatible with the exercise of active philanthropy and benevolence. The ordinary actions or conversation of those so affected, in many cases, would not convey to a stranger an idea of the existence of such a sad state of the intellect. Howard, the celebrated philanthropist, affords an unhappy illustration of this type of disorder. He is represented to have been a tyrant in his own house. His cruel treatment caused the death of his wife. He was in the habit for many years after her death of doing penance before her picture. He had an only son, whom, for the slightest offence, he punished with terrible severity. He was in the habit of making this son stand for hours in a prescribed grotto in the

garden. The son became a lunatic as the result of this brutal treatment. Several similar cases have been brought under my observation. In one instance, temporary confinement was resorted to, but without positive advantage. The paroxysms of ungovernable brutality returned immediately after the patient's return home.

A boy, fourteen years of age, clever, but of sullen and morose disposition, committed suicide by hanging himself in an arbour in his master's bowling-green. The mind of the deceased was peculiarly formed, his conduct often evincing a predisposition to cruelty. He had been frequently known to hang up mice and other animals for the purpose of enjoying the pain which they appeared to suffer whilst in the agonies of death. He would often call boys to witness these sports, exclaiming, "Here's a lark; he is just having his last kick." He had often been known to catch flies and throw them into the fire, that he might observe them whilst burning. He had also been observed, whilst passing along the street, to pull the ears of the children, lifting them off the ground by their ears; and when they cried out with pain, he would burst out into a fiendish paroxysm of delight at their sufferings. About four years previously, when only ten years of age, he attempted to strangle himself, in consequence of his mother having chastised him. He locked himself up in a room, and, when discovered, life was nearly extinct.

A boy, in early life, was struck violently upon the head when at school by a brutal fellow employed as usher. He was partially stunned, but recovered from the effects of the injury. When of sufficiently advanced age, he

joined his father in business. He became subject to attacks of headache, particularly if exposed to much anxiety. For some months he continued sullen, was often absent from the counting-house, became the associate of the lowest class of society, and was detected in abstracting several large sums of money from his father's private desk. In this condition he remained for seven or eight months, no one suspecting the morbid state of his intellect. One morning, whilst sitting in the counting-house, he suddenly seized one of the clerks by the throat and attempted to throttle him. A severe scuffle ensued. Upon separating the combatants, it was discovered that his mind had become affected. He became suddenly, as it were, demoniacally possessed. He poured forth a volley of filthy oaths, and an amount of obscenity appalling to those around him. There appeared no impairment of the reasoning powers, of the memory, or reflective faculties. He suddenly lost all perception of truth, decency, and propriety.

A young lady, at the age of eleven, suffered from brain symptoms. After a sudden disappearance of scarlet fever she had persistent headaches, which at the age of fourteen very much increased in severity, with an intolerance for light, sound, and movement. She recovered for a year, but at the end of that time all the symptoms returned with aggravation; she became sleepless, and had jerky movements of the limbs, and declined all food. These symptoms continued incessantly for a month, at the expiration of which time she fell into a sound sleep which lasted one night, but in the morning appeared quite well.

A short time afterwards she began to suffer from



HYSTERICAL MANIA.

Many obscure cases are associated with hysterical attacks ; these are accompanied by violence of an excessive kind. Insanity associated with this form of hysteria is, as a rule, quite incurable, and soon becomes confirmed and chronic in its nature.

toothache, which persisted despite all the skill of the dentist; and to this soon was added again intense headache, which compelled her to keep her bed. The headache now became more severe than ever, and was accompanied with tremors of the muscles of the neck, by which the head was constantly jerked backwards; violent spasmodic flexion of the legs and thighs also took place. She complained constantly of the intensity of the pain in the head. She slept only for about an hour towards morning. Food and beverage were obstinately refused. The patient was becoming emaciated, but the intellectual faculties remained unimpaired. She desired to be kept in constant darkness, and exclaimed constantly, "Hold my head!" Medicine only aggravated the symptoms. This state continued for a month, the symptoms being rather increased in severity, when one night she fell asleep, and, as before, woke on the following morning perfectly well.

This restoration to health lasted only three weeks. The symptoms again reappeared, with the addition of more violent convulsive movements. The limbs were thrown into a succession of most rapid movements. She would strike the bed with her heels ten, twenty, or fifty times, and then sink exhausted, to repeat the same movements after an interval of a few minutes. It was utterly impossible to restrain these movements. Tetanic rigidity of the arms, lasting four weeks, followed the immersion of the hands in warm water; any attempt to bend them caused shrieks of agony. Again these symptoms all suddenly disappeared after a night's sleep.

In about three weeks another attack, similar to

the previous one, occurred, with the exception that suddenly the patient, lying on her side, began to beat the pillow with her head, as many as twenty to fifty blows at each paroxysm; at the last and strongest blow she would sink down exclaiming, "Oh, my head! hold my head!" These paroxysms were repeated every five minutes without interruption during a period of three weeks, except when sleeping for an hour, which was rare. At the end of three weeks a more violent paroxysm occurred; she beat her head on the pillow a hundred times, and then suddenly fell asleep for nearly twenty-four hours, awakening in a perfectly normal condition. She continued quite well for some time, but three months afterwards, after having attended a religious ceremony, which appeared at first to have exercised a most beneficial effect over certain premonitory symptoms which had again become evinced in her, she fell into a state of languor and suffering as before. At this time electricity was tried, but without any benefit. In a few weeks she became much worse, and laid always upon one side, being buried in the pillow, declining to see the light, or to take any kind of nourishment. She complained of headache and toothache; there were periodical twitchings and starting of the limbs like electric shocks; she continued in this condition for four months. One day she suddenly straightened herself in her bed; previous to that her legs had been fixed on her thighs. She jumped out of bed, rushed about the room for a few minutes, then jumped in bed and out again until she got exhausted; she then ran round the room, stopping at one corner where she danced many times on her heels. Her eyes were fixed, haggard, and dull,

and if she saw any one in the room she would avoid the person, and shriek that a wild beast was in pursuit of her. At last she would fall exhausted into the arms of her parents, exclaiming, "Oh, my head! hold my head!" This irresistible impulse to rush about would recur three or four times in the year, and every attempt at restraining her only produced convulsions and agonising shrieks. On one occasion, after a paroxysm longer and more severe than usual, the nervous symptoms assumed another form. The patient would kneel by her bedside, and bend her head from side to side like the oscillations of a pendulum; then, after a few minutes, resume her bed, exclaiming, "Oh, my head!" Immediately afterwards, rapid successive cracking of the joints of the fingers would be heard, resembling slight electrical discharges; they were excited by movements of flexion and circumduction, which she unceasingly performed. These were occasionally interrupted by a deep sigh and a few minutes' rest. She continued in this state for several weeks, when these symptoms unexpectedly subsided, to give place to other phenomena. The patient, lying on her back, would suddenly rise into the sitting posture, then forcibly throw herself back on her pillow. She repeated this movement thirty or forty, or even a hundred times in succession. It was necessary that these movements should be aided by some person, otherwise a tetanic rigidity of the whole trunk ensued, with piercing cries, which continued until the former movements were resumed. In the brief intervals which occurred, the cracking noises before mentioned were repeated. This state also lasted for several weeks, and then passed

off in a greatly augmented paroxysm, followed by sleep.

The general health improved, some face-ache which remained was relieved by the extraction of several carious teeth, after which the patient rapidly, and apparently completely, recovered.

In about six months' time, her parents took her from home for the benefit of change of air and scene. Soon afterwards, another attack occurring, she was placed under medical care, and treated for congestion of the brain. The paroxysms now acquired such intensity that she died, with acute fever, laryngitis, and ophthalmia, superadded to the other symptoms which had continued during seventeen months.

The sudden appearance of insanity in children is very rare under the age of twelve. The unsoundness of mind here observable is generally idiocy associated with violence and mischief. These cases may be found in asylums at any age. I have the records of a girl, six years of age, who was admitted into one of our large lunatic hospitals suffering from an attack of mania of ten weeks' duration; she had been a bright, intelligent child, and had never given her parents any cause for anxiety, or any anticipation that her intellect was affected; there was no hereditary tendency or epilepsy in the family. Her present illness commenced with an attack of inflammation of the brain, preceded by a fit of convulsions. When first taken ill she was sent to a general hospital; the following is the report made on admission:—"Attack with convulsions. Had a similar attack at the age of eighteen months when teething, and has twice been similarly seized. Appeared in very good health previ-

ously to the present illness, is now wholly unconscious, and is, in fact, in a state of coma." She was removed from there to the lunatic hospital, the acute symptoms of inflammation having subsided, and, when admitted, her conduct was violent and mischievous, striking those about her, tearing her clothes, and destroying everything within her reach. She was generally incoherent in her speech—repeating any words she might hear in a monotonous voice, and without appearing to understand them, such as "Poor thing, poor thing!" Occasionally, however, by strongly arresting her attention, a correct reply could be obtained from her. The expression of her countenance was sharp and animated; her general health was good, and she ate and slept well. Soon afterwards, a considerable improvement took place in her general behaviour, and she began to pay attention to the directions of one of the convalescent patients, who took charge of her, and would say, "Thank you," on receiving any little present, and make a curtsy. She also discontinued many of her mischievous tricks; but still remained decidedly insane. She could not be induced to employ herself in any way, and was subject to violent and unaccountable outbursts of passion, in which she tore her clothes, and bit and scratched all who attempted to restrain her.

After she had been about six months in the hospital she became much more docile, and began to employ herself in sewing and other occupations. From this time a marked improvement gradually took place in her manner and conduct, until she was reported as well, after having been about twenty months under treatment. She was, however, allowed to re-

main in the hospital for about six months longer, until she could be transferred to the care of her friends, who were all abroad.

A clergyman, about thirty years of age, a man of learning and acquirements, who, at the termination of a severe illness, was found to have lost the recollection of everything, even the names of the most common objects. His health being restored, he began to acquire knowledge just as a child does. After learning the names of objects, he was taught to read, and after this, began to learn the Latin language. He had made considerable progress when, one day in reading his lesson with his brother, who was his teacher, he suddenly stopped, and put his hand to his head. Being asked why he did so, he replied, "I feel a peculiar sensation in my head; and now it appears to me that I knew all this before." From that time he rapidly recovered his faculties.

A state of the mental faculties somewhat analogous occasionally occurs in diseases of simple exhaustion. Many years ago a physician attended a lady who, from a severe and neglected complaint, was reduced to a state of great weakness, with remarkable failure of her memory. She had lost the recollection of a particular period, of about ten or twelve years. She had formerly lived in another city, and the time of which she had lost the recollection of was that during which she had lived in Edinburgh. Her ideas were consistent with each other, but they referred to things as they were before her removal. She recovered her health after a considerable time, but remained in a state of imbecility resembling the dotage of old age.

I propose to give a few cases, from a large number

of which I have records, of suicide which have occurred from obscure and consequently neglected brain disease.

A colonel, aged fifty-five years, of the East India Company's service, committed suicide by cutting his left arm with a razor. One morning deceased rang the bell, and on the housemaid answering it, he requested her to take a note to a brother officer. She returned in about twenty minutes, and asked where the colonel was. She was told he was in the parlour. On going there she could not find him; she then went to the back drawing-room, and knocked at the door, but received no answer. The officer to whom the note had been sent arrived, and, having made known her suspicions to him, he had a ladder brought and entered at the window. He opened the door, and, upon entering the room, she found her master sitting in his chair covered with blood. Two pistols were on the floor, and a razor covered with blood on the chair at his side. His left arm was cut, and he seemed quite dead. The deceased had been very low-spirited for two or three days, but his condition was not recognised, and he had written a letter the day before his death to a friend, in which he said, "I don't think I shall ever know happiness again."

A very respectable tradesman, forty years of age, committed suicide by shooting himself through the head. His two sons, his only children, had emigrated to America. From the period of their departure his mind became very depressed, so much so as to excite the apprehension of his friends. One morning he arose at his usual hour and went about his business, giving directions to his workmen. Between nine and ten o'clock, not having come to his breakfast, search

was made for him, when it was discovered that one of the upper workshops was fastened, and, being forced open, his body was found lying upon the floor quite dead, and the gun lying with the barrel on a vice, and some string fastened to the left hand of the deceased.

A steward, forty-one years of age, of a steam-packet, destroyed himself under the following circumstances. The deceased had been in the service for ten years, and returned home from his voyage in a very depressed and melancholy state, but appeared to recover towards night. The following morning the deceased showed no inclination to get up, but his wife urged him to do so, and to occupy himself with his duties on board, by which means she thought he might recover from his depression of mind. He told her, in a very melancholy tone, that he could not do so, and gave her directions to forward some things which had been prepared for a passenger's use by one of the neighbours, with a message to the captain that he had become insane. Finding all her persuasion useless, she did as she was directed; but had scarcely entered the sitting-room, when she was horrified at seeing her husband come out of the bedroom with a clasp-knife in his hand, and the blood flowing profusely from his throat, which was cut across to a depth of several inches; and, after articulating with difficulty, "Well, old girl, I have done it perfectly now," he staggered forward a few feet, and fell upon the sofa. After lingering a few hours, during which time he was speechless, he expired. He had always treated his wife and his two children with the greatest affection; but he had for a long time past so repeatedly expressed his intention to destroy himself, and exhibited such con-

firmed melancholy and thoughtfulness, frequently sitting for hours in fits of abstraction, without uttering a word, that she had been obliged upon several occasions to walk about the streets all night for fear that he might murder her. It appears that his mother, about two years previously, had unexpectedly destroyed herself in a shocking manner. This made a deep impression upon the mind of the deceased, and induced a morbid feeling, which caused him to think that two other persons in the company's service were endeavouring to procure his discharge for their own advantage. There was no foundation for this impression.

A man had worked at his trade as a weaver nearly all his life, but had been out of work recently. He had until lately enjoyed very good health, and was not attended by any medical man. One morning he went out about nine o'clock, without taking his breakfast or speaking to his wife, which was very unusual. He came in just before twelve, and his wife asked him where he had been. He replied, "I have been wandering about, but have not been into anybody's house." He complained of being cold and of his head aching, and said he was afraid he should lose his senses. They then had some dinner, and he still complained of his head. At a little before four o'clock they took tea; he read a little, but again said his head was bad. They went to bed about nine o'clock; he was very restless during the night, got up several times, and complained of a pain in his head. His wife got up just after seven o'clock, leaving him in bed, and went downstairs to prepare the breakfast. She took him up a cup of tea and some toast, and observed that his

hand trembled very much. She left him in bed and went out about nine o'clock to pay the rent. She said to her husband before she went out that she would lock the door, and he was to lie until she returned. He said, "Ah, do." She then went away, and returned just before ten o'clock, unlocked the door, and went upstairs. She spoke to him, but received no answer. She looked up, and saw he was hanging to the bedstead by a little bit of cord. She took a knife out of her pocket, cut the cord, and he fell on the floor. The wife then went downstairs, and ran over the way to one of the neighbours and gave the alarm, and on her return found he was dead. He was a good man, and a good husband, and they had no previous quarrel. He had been in this low desponding way for eight or nine months, but worse lately. He used to say, when the *Oracle* was lost his family would starve. He had often expressed himself to the effect that he should go out of his mind; but he would not allow his wife to go for any medical man, as he said it was his mind.

An old soldier had been remarkable for his kind and happy disposition. Three weeks previous to his death his niece observed that he was unusually depressed in spirits, which so increased, that a surgeon was summoned to attend him. He found him suffering from a flow of blood to the head. A few mornings afterwards he rose about seven o'clock, and went out of the house, and in less than half an hour he was found in the hay-loft, his head being held by a cord tied to a beam five feet from the ground, and his body in a reclining posture. Death had not, however, resulted from hanging; deceased's hands were bloody;

and it would seem that, finding his attempts at self-destruction in that way were not effectual, he inflicted so deep a wound in the throat with some sharp instrument as to sever the windpipe, and all the large blood-vessels of the throat. The servant girl, to whom he spoke on the way out, seems to have had no suspicion of his intention.

It is often a difficult thing to draw a true line of demarcation between moral insanity and crime. Revenge, especially long-meditated revenge, is confessedly most sinful, and less excusable than hasty resentment. But if, under great provocation, there be apparent apathy, let the friends of the offender and the offended beware; for, granting that the injured party is first stunned, and incapable of feeling resentment at the moment, long afterwards violent reaction may take place. The passionate man is dangerous while his passion lasts, but seldom longer,—as the general rule is, that all violent emotions are speedily exhausted. There is great meaning in Lord Byron's words:—

“Cold as cherished hate.”

I propose to give a few cases where impulse has formed a prominent feature.

A very steady, exemplary young man became attached to an equally well-conducted girl. He was in the army, in a corps ordered on foreign service, but the colonel commanding would not allow the women to accompany their husbands. The attachment, however, continued; and, some time after, the poor girl walked upwards of twenty miles, under a burning sun, to implore the colonel's consent to the union. The

strict, calculating soldier was, however, inexorable, and the lovers were compelled to take a sad and hopeless farewell. Shortly afterwards the girl threw herself into the river, and although prompt attendance was at hand and every means used for resuscitation, all efforts were of no avail. The man to whom she was engaged manifested no emotion, seemed rather to evince a revolting indifference; he insisted on continuing his duties as mess waiter, and assisted, subsequently, at a supper party given by the officers the same evening. Early next morning he went out of the barracks, passing the sentry without exciting any suspicion; he was ere long brought back, apparently drowned, by the same man who had seen the girl take her fatal plunge. His body was placed in the same room where she was, but by dint of efforts he was restored to life, and placed carefully under supervision in one of the wards. He persisted in his determination to destroy himself, but he ultimately, by careful treatment and supervision, made a complete recovery.

A young lady of great personal attractions, with a highly-cultivated intellect, refined taste, and of a devotional character, aged about twenty-three, in easy circumstances, and residing with a very sober-minded elderly unmarried sister, in a manufacturing town in the North of England, had occasionally shown slight symptoms of mental derangement, but was at all times so gentle and docile, that when her thoughts wandered a little she was merely kept within doors for a few days until the attack passed off, her state being carefully concealed from all but her nearest relations. She left home one morning, apparently quite well, to collect for a religious society; but her

manner appeared flighty at some houses where she called on this errand. After completing her rounds she was seen to leave the town, as if for a country walk—alas! to be brought back, ere long, a corpse.

A French Protestant, of middle age, unexceptional morals, and professing a steadfast belief in religion, a teacher of his native language, and a portrait and miniature painter, had a severe bilious fever, preceded by obstinate congestion of the liver. It may be well to observe here that, long before his indisposition was manifested, he had often been heard groaning in his bedroom at night, although exhibiting all the hilarity of his nation by day. Some years before, after a similar but less grave attack, he had appeared “rather odd” for a few weeks; and, on this occasion, when his general health seemed restored, it was but too evident that his intellect was seriously affected. Hitherto most frugal and punctual in all his pecuniary transactions, he now ran into debt without attempting to pay any one; and, when expostulated with on the subject, only laughed, and seemed to think his conduct was a good joke. He cut and defaced paintings and drawings, the sale of which would have amply sufficed to discharge his very limited liabilities; abandoned all professional occupations; went to meals at houses unasked, and sometimes where he was not personally acquainted; and stole flowers from gentlemen’s gardens—a feat which seemed to afford him the greatest delight. His chief hobby, however, and which he called his *lettro-mania*, was addressing letters alike to friends and strangers—some replete with good sense and piety, some frivolous and absurd, and some a compound of sense and non-

sense. The gentry of the place and parochial authorities made every effort to provide him with decent lodgings and the necessities of life, while awaiting the instructions of his friends, who resided in the South of France. Meanwhile, he appeared so thoroughly the happy "madman gay," discoursing most eloquently, among other subjects, on the beauty and perfections of an imaginary fair one in his native land, his love-strains most ridiculously contrasting with his years and appearance, that no precautions were adopted to place him under supervision. A retired military officer, however, who had seen a good deal of mental fluctuations in derangement while leading the wandering life of a soldier, predicted to some of the old inhabitants a serious termination of his malady; and, unfortunately, the prediction was but too true, for not long after he was found one morning in his bedroom with his throat cut, and quite lifeless.

A servant threw herself at the feet of her mistress, and asked permission to leave the house. She confessed that every time she undressed the child entrusted to her care—a child for whom she had all the tenderness of a mother—she experienced a desire almost irresistible to rip it open.

A kind and amiable man, of distinguished merit, daily prostrated himself at the foot of the altar, imploring the Divine mercy to deliver him also from an atrocious inclination, for which he had never been able to give any account.

The following is a case of homicidal impulse associated with moral insanity: that of a female, labouring under a powerful morbid incentive. She



SUICIDAL DEMENTIA.

had no disorder of the understanding, nor perversion of her intellectual powers, and, in particular, she laboured under no delusions or hallucinations. She had a simple abstract desire to kill, or rather, for it took a specific form, to strangle. She made repeated attempts to effect her purpose, attacking all and sundry, even her own nieces and other relatives. Indeed, it seemed to be a matter of indifference to her whom she strangled, so that she succeeded in killing some one. She recovered, under strict discipline, so much self-control as to be permitted to work in the washing-house and laundry; but she still continued to assert that she "must do it," that she was "certain she would do it some day," that she could not help it, that "surely no one had ever suffered as she had done," "was not hers an awful case?" and, approaching any one, she would gently bring her hand near their throat, and say mildly and persuasively: "I would just like to do it." She frequently expressed a wish that all the men and women in the world had only one neck, that she might strangle it. Yet this female had a kind and amiable disposition, was beloved by her fellow-patients, so much so that one of them insisted on sleeping with her, although she herself declared that she was afraid she would not be able to resist the impulse to get up during the night and strangle her. She had been a very pious woman, exemplary in her conduct, very fond of attending prayer meetings, and of visiting the sick, praying with them, and reading the Scriptures, or repeating to them the sermons she had heard. It was the second attack of insanity. During the former she had attempted suicide. The

disease was hereditary, and therefore she was strongly predisposed to morbid impulses of this character, when it is stated that her sister and mother both committed suicide. There could be no doubt as to the sincerity of her morbid desires. She was brought to the institution under very severe restraint, and those who brought her were under great apprehension upon the restraint being discontinued. After its removal she made repeated and very determined attacks upon the other patients, the attendants, and the officers of the asylum, and was only brought to exercise sufficient self-control by a system of rigid discipline. This female was perfectly aware that her impulses were wrong, and that if she had committed any act of violence under their influence she would have been exposed to punishment. She deplored, in piteous terms, the horrible propensity under which she laboured.

CHAPTER XI

CONFESSIONS OF THE INSANE AFTER RECOVERY

THE human mind, by reflecting internally upon its own consciousness, is often enabled to analyse its faculties, and determine the laws by which they are governed, and by a similar process insane patients may themselves frequently account for, and throw light upon, certain states of mental aberration. The history given by them of the origin and development of their morbid impulses and delusions opens a curious field for psychological speculation, and one that has not hitherto been explored in this country. The existence of insanity, be it remembered, does not necessarily imply a complete overthrow and deprivation of all the reasoning faculties. The moral affections may be thoroughly perverted, and the propensities assume a wild and uncontrollable career, yet the intellectual faculties remain absolutely intact. The popular notion of insanity is that the unhappy lunatic is always in a state of bewilderment and incoherency. Hence Mr. Charles Dickens introduces a madman's manuscript in his *Pickwick Papers*, which, in accordance with this notion, is conceived in the following lofty and melo-

dramatic strain: "Yes—a madman—how that word would have struck to my heart many years ago—how it would have roused the terror that used to come upon me, sometimes sending the blood hissing and tingling through my veins till the cold dew of fear stood in large drops upon my skin, and my knees knocked together with fright. I like it now, though—it's a fine name. Show me the monarch whose angry frown was ever feared like the glare of a madman's eye—whose cord and axe were ever so sure as a madman's grip. Ho! ho! It's a grand thing to be mad—to be peeped at like a wild lion through the iron bars—to gnash one's teeth and howl, through the long still night, to the merry ring of the heavy chain, and to roll and twine among the straw, transported with such brave music. Hurrah for the madhouse. Oh, it's a rare place!"

The late Professor Charles Bell, in his *Anatomy of Expression*, observes:—

"To represent the prevailing character and physiognomy of a madman, the body should be strong and the muscles rigid and distinct, the skin bound, the features sharp, the eye sunk, the colour of a dark brown yellow tinged with sallowness, without one spot of enlivening carnation, the hair sooty black, stiff, and bushy. Or, perhaps, he might be represented, as in the *Faëry Queen*, of a pale, sickly yellow, with wiry hair:—

'His burning eyes, whom bloody streaks did stain,
Stared full wide, and threw forth sparks of fire,
And more for rank despite than for great pain,
Shaked his long locks, coloured like copper wire,
And bit his tawny beard, to show his raging ire.'

“ You see him lying in his cell, regardless of everything, with a death-like, settled gloom upon his countenance. When I say it is a death-like gloom, I mean a heaviness of the features, without knitting of the brows or action of the muscles. If you watch him in his paroxysm you may see the blood working to his head, his face acquires a darker red, he becomes restless, then, rising from his couch, he paces his cell and tugs his chain; now his inflamed eye is fixed upon you, and his features lighten up into wildness and ferocity. The error into which the painter may naturally fall is to represent this expression by the swelling features of passion and the frowning eyebrow, but this would only give the idea of passion, not of madness. Or he mistakes melancholia for madness. The theory on which we are to proceed in attempting to convey this peculiar look of ferocity amidst the utter wreck of the intellect, I conceive to be, that the expression of mental energy should be avoided, and consequently all those muscles which indicate sentiment. I believe this to be true to nature, because I have observed (contrary to my expectation) that there was not that energy, that knitting of the brows, that indignant brooding and thoughtfulness in the faces of madmen, which is generally imagined to characterise their expression, and which is so often given to them in painting. There is a vacancy in their laugh, and a want of meaning in their ferociousness. To learn the character of the countenance when devoid of human expression, and reduced to the state of brutality, we must have recourse to the lower animals, and study their looks of timidity, of watchfulness, of excitement, and of ferocity. If these expressions are transferred

to the human face, I should conceive that they will irresistibly convey the idea of madness, vacancy of mind, and animal passion."

Here, then, we have the lunatic as described by the novelist, and the lunatic as depicted by the critical artist; but in each case it is the exaggerated representation of a maniacal condition, which is always of short duration when it does occur, and which is very rarely met with in any asylum. The theory propounded by Professor Charles Bell, that there exists in such maniacal cases a deficiency of mental energy, and that there is a want of meaning also in the ferociousness exhibited, is also incorrect, for, on the contrary, during these paroxysms of excitement, the mind is in the most vigorous state of exaltation, preternaturally energetic and self-willed, and, so far from such ferociousness being unmeaning, it is characterised by an irrevocable determination and a dangerous intensity of purpose which absorbs all other passions.

These descriptions of insanity apply to a state of maniacal furor only; but it is not right to take this as the common type of lunacy, for not unfrequently the lunatic, instead of being a repulsive personage exciting alarm and trepidation, proves to be a man of prepossessing appearance, fascinating manners, agreeable conversation, full of wit, learning, and anecdote. A gentleman, with the before-mentioned gifts, fancied that his family had conspired together to poison him, and he would reason upon, and even struggle against, the delusion, which was nevertheless too strong for him to master. He died, and upon a post-mortem examination, the valves of the heart were found ossified; and as physical sensations frequently give rise to

erroneous mental impressions, it is probable that the idea of poisoning was suggested by the uneasiness which he felt whenever the stomach was distended with food. Everything he ate disagreed with him—the heart laboured to propel the blood through its ossified and constricted passages, the lungs became congested and the breathing difficult—and in this state he was wont to exclaim, “The villains have been poisoning me again.” Nevertheless, in his happier moments, a more charming companion could not have been; and no one ever sat down in his society without being amused and interested, and no one went away without having derived some information from the extent of his reading and the great variety of his scientific and literary acquisitions.

With reference to the patients’ own sentiments and feelings while suffering from various forms of mental disease, I will let them speak for themselves by giving their own verbatim statements.

The first case I propose giving is one of supposed “Demoniacal Possession,” the result of a disturbed condition of the functions of the brain and nervous system; with the exception of the hallucinations herein described he was on every other point a rational, sensible, and intelligent man. The following is his own statement without any alterations:—

“It was my intention, some time since, to write a short account of the sufferings I had experienced for several years past from the possession of evil spirits; but in consequence of having been constantly pitied or smiled at, and having met with no one who would sympathise with me, whenever I broached such a notion, and instanced myself as a proof of the existence

of such spirits, I had nearly forsaken my resolution, until I found that the question, whether demoniacal possession ceased or not at the period of our blessed Lord's ascension, had really become a matter of importance and doubt in the Church.

"Unacquainted as I am with theological discussions, and wholly unused to argumentative composition, I am at a loss in what manner to set about an explanation on the subject required. May I trust that by commencing with a slight sketch of my life, rendering some detail of the affliction I have undergone, with the authority of the New Testament, I may create the thought and establish the impression that even at this time the visitation of mortals by evil spirits is still permitted by the Most High.

"I am induced to enter into a narrative of my own life and feelings in order to show that I am not a person likely to be influenced by superstition or bigotry; and by thus developing myself, I hope to gain the confidence and conviction of the reader, although to me it is a disagreeable task to be egotistic.

"I was born in the East, my grandfather and father both being officers of some note in the Company's service, and was brought by my parents to England for the customary purpose of education, and on their return to India was left by them here, under the charge of a brother officer of my grandfather, who was then retiring from the service. He was a very enlightened and good man, and, albeit a Roman Catholic, brought me up to the religion of my parents, which was that of the Established Church. My father had, however, I believe, previously to his entrance into the army, belonged, as did most of

his relations and connections, to the Society of Friends.

“ Whilst I remained with my guardian, the only book he placed in my hands on religious topics was the Bible, from which, he said, I ought to be able to form my own religion, irrespective of the tenets of any sect. He would not hold any theological arguments with me ; but whatever simple explanations I required, he was ready to give, without advancing his own Roman Catholic doctrines.

“ My father having died in India shortly after his return there, before I was eight years old, and my mother continuing to reside there, I remained under the sole care of my guardian during my minority, in the course of which I was placed at several good schools in the neighbourhood of the metropolis, where I obtained what little learning I am possessed of.

“ Expecting to get an appointment in the Indian army, and having been disappointed in consequence of my hue, and the prejudice then entertained by the Government to native officers, I chose a liberal profession, and at an early age was declared competent to follow it, which, as my mother was then still in India, I intended to enter into there ; but on account of her return to England, relinquished such idea, and commenced business in this country, which, having carried on for some years with success, induced me to marry, and I was blessed with a good partner and several fine children. The profits from my profession still continuing on the increase, I entered into some money speculations, which caused me a little anxiety and some pecuniary embarrassment, but I retained all my usual buoyancy of spirit.

“It was then, whilst taking a quiet walk one evening, far from the busy hum of men, about five years since, I heard the sound of voices near me, speaking of me. I looked in every direction, but could not discover any one; I got over some banks, thinking that, probably, the persons might have been concealed from view by them; but no human creatures were there. I walked away from the spot, still the voices pursued me. I mixed with the thickest of the throng in the metropolis; the voices still continued to haunt me, and the words then uttered were: ‘Who is he? do you know who he is?’ The response was, ‘He is Satan’s own.’ These words seemed continuously to proceed from the persons I passed. I crossed and recrossed the bridges; still the same voices followed me. Every one appeared to ask the same or a like question, and there was a similar reply. Other queries and answers succeeded these, relating to my walking—for my pace was very rapid, as I trusted to escape the notice or recognition of the passers-by; but the ‘Devil’s Own’ was either whispered or shouted to me, apparently by almost every one; and those from whom the sounds did not emanate, appeared hastily to get out of my way, or, in my imagination, shrunk from me with looks expressive of surprise. No doubt, however, that my strides were those of a possessed person, and caused those I met or overtook to make ample space for me.

“The whole night did I thus perambulate London and its environs, occasionally dozing as I stood still for a few minutes; and in this manner I twice accomplished the circuit of the great city, vainly hoping that daylight would end my illusion. Such hope was, indeed, vain, and I must mention, that not merely the

'Devil's Own' was sounded in my ears, but observations and conversations relating to me incessantly occurred. Yet was I perfectly in my senses. I went to the place in which the sounds first reached me, and examined it and the neighbourhood minutely; of course I could not discover any human power to account for them. I then began to think of animal magnetism; it was a subject on which I had thought little before, but not being able in any other way to fathom the mystery, the consideration of it and its effects occupied my mind, and I reasoned that I might have been magnetised by a nautical compass, which had belonged to my father, and that I had constantly carried about me for a considerable length of time. The voices loudly and clamorously spoke of all my misdeeds, and taxed me with sins of which I had not been guilty, and I was dared to meet the parties who charged me with such and with other crimes. I did, accordingly, go to a friend of mine, who is now dead, and told him how I had been affected, and that I wished him to be present to hear the voices, if he could, and the charges to be made against me, which I was anxious to deny, or to admit, as the circumstances had been. Several voices then made various accusations against me, and I appeared to be put on a regular trial. I replied to the charges by my thoughts, without speaking, but occasionally my tongue could not refrain from moving within my lips to express my thoughts, without, however, giving utterance to them. One of the voices was remarkably clear and loud. It appeared to be that of a being of authority in conversation with another, and although slightly favourable in his expressions of my good conduct throughout life, yet

strong and severe were his animadversions on my bad thoughts and actions ; and here everything I had said, or done, or omitted, was elucidated instantly ; hidden motives, and thoughts, and actions, were unravelled, to my great astonishment, and my heart and brain seemed completely laid open. All was written down, or directed so to be, and the next day was appointed for a further examination.

“I asked my friend repeatedly during this apparent trial if he heard any voices. He told me he did not. I mentioned to him what was now and then said to me, and of me. I smiled at myself, for I knew I was only in a room, and that it was impossible for any worldly being to speak or to communicate with me except my friend. I looked at him—he was deeply engaged in writing ; could there be any ventriloquism in my case ? I knew that my friend was not thus gifted. Besides, the voices were with me before I saw him that day. What could have occasioned the sensation of sound I had experienced—the direct appeal to my heart and brain ? I was entirely in my senses, and reasoned on the absurdity of my harbouring any opinion contrary to my own received notion of the ordinary laws of nature. I began to think of mesmerism, or of clairvoyance. I had been sceptical on these subjects. Could I have been mesmerised ? How long would the mesmeric symptoms last ? I had a strong mind—how, then, could I have been affected by any one ? The more I thought the less could I account for the extraordinary ordeal to which I was subjected. I did not believe in evil spirits. What I had read in the Testament relating to evil spirits, I had always construed as having reference to madness

or derangement of intellect, that had been cured by our Saviour. I did not believe in the commonly received notions of hell-fire, and flames had no terrors for me, nor have they now. The torment that I considered awaited us after judgment was the sting of our own consciences, the reflection that we were justly debarred from the presence of God, the constant remembrance of our misdeeds—the bitterest, the most poignant remorse.

“To return. After this seeming trial, the remainder of which I told my friend would be deferred till the morrow, when I would see him again, I left him. The voices still continued to follow me. That night I also walked about, for I did not wish to return home with the words, ‘The Devil’s Own,’ written, as it almost appeared to me, on my back, or with the sounds of those words preceding me, or announcing me to every one.

“I did not, nor do I put any faith in fatality. I have always been in the habit of considering that man would be an irresponsible being in connection with fate—that if he were fated or obliged to do any act, he would certainly not be answerable or accountable for it, and for this reason I was an advocate for free-will. This did not, of course, exclude the notion of the predisposing gift of grace influencing us towards what was good and holy; but it would still leave us free thought and liberty in our actions. My mind now, however, felt fettered, contrary to my will—my thoughts were carried into channels that I not only did not desire, but that I studiously and with all the energy in my power endeavoured to prevent them rushing into the stream of. I appeared in the grasp of superior beings.

“The next day I went prepared for another examination, but I was not again put on my trial. The parties seemed partly satisfied with my mental engagement of compensation, as far as I had the ability, of any persons I might have injured in thought, word, or deed. My friend then induced me to lie down to compose myself. I returned home. Still the voices followed me, and imagination can but slightly picture the constant wearying sounds of remarks on me—speeches to me—alternately on my actions and thoughts, bringing all that I ever did or said or thought to recollection. In the daytime I did not feel the annoyance so much, on account of the variety of things and persons I saw, and the occupation I had; but in the stillness of night, the torments I endured were unutterable, indescribable. The hellish sounds, the dreadful impieties that were spoken of—that were foisted on me, the horrible exclamations and imprecations which I distinctly heard, the fiendish crimes proposed, were beyond conception; were such as man, and much more a Christian, would shudder at the bare mention of. Day after day, night after night, was I subjected to this visitation, not at intervals, but continually, indeed, each moment of my life was embittered by these sounds; and the only respite I had was when nature was wholly exhausted, and two or three, or sometimes four, hours’ repose were absolutely necessary to renew my existence the following day under such complicated sufferings. When I attempted to pray, I could not, for the jeering and laughter and impious reflections that were obtruded on me. I tried to read, but could only get through a few short sentences at a time, and those, owing to the voices, I

could hardly retain in my recollection. I asked forgiveness of those I had in any way injured ; I read the New Testament, but I seemed, almost insensibly to myself, to omit all, except our Saviour's words, which I read aloud ; these gave me more consolation than anything else. I wished to have prayers read to me, for I thought the evil spirits might quit me in the presence of a clergyman. One kindly came ; I could not pray, and was obliged to tell him so. I felt that I could not kneel. His prayers soothed me slightly, but the spirits remained.

" For change of scene, and hoping I should get free from the voices, I went twice to France. I tried the sea coast in England, and all kinds of amusements, and also the effect of living very well, thinking my nerves might be improved by a still more generous regimen than I had ever been accustomed to. These having no effect, I had myself cupped and entirely altered my diet, living chiefly on vegetables, and avoiding all fermented liquors. Nothing, however, made any difference in my sensations. The sounds accompanied me everywhere, and I still continued the prey of the evil spirits. I could plainly distinguish about seven voices ; two of them struck me as the voices of females. One of these sometimes spoke in over-soothing, complaisant accents to me, but these were generally used only to turn me to ridicule afterwards. The seven voices remained with me many months, when three left me, and four continued to torment me for nearly a couple of years ; and since then I have only had two, a male and female, who have gradually less and less annoyed me for the past year. It is now five years and four months that I have had this visitation from

God ; and although I have no faith in dreams, yet most singularly I dreamt of my father's death about the time it occurred, and I have not dreamt of him since, until the beginning of this month of September, when I dreamt that I saw him interceding with God for the ceasing or suspension of my sufferings from evil spirits ; and, strange to say, I have not been troubled by them since, although I still fancy I hear a slight buzzing in my ears, from their having been so many years my constant companions.

“ It would take me many hours to express all the machinations of the evil spirits that have possessed me during so lengthened a period as five years and upwards ; but by the power and mercy of God, through the merits of my Saviour, I was enabled to bear the sufferings to which I was exposed, and also partly to resist the temptations to which I was subjected ; and, as I said before, I did not previously believe in evil spirits, but since my affliction I have had evidence in my own person fully sufficient to satisfy me that they are permitted to dwell in persons, or to attend persons in this world, for the purpose of proving them and of tormenting them if they sin.

“ I can now readily understand the dreadful agony sustained by those possessed of devils mentioned in the Holy Scripture ; and I would humbly venture to account for our Saviour's temptation in the wilderness, when, having fasted forty days and forty nights, He was afterward an hungered, and the tempter came to Him and said, ‘ If thou be the Son of God, command that these stones be made bread.’ Here I have little doubt that the devil did not really appear bodily, as it may be termed, but spiritually suggested or said those

words to our Saviour without making his appearance. 'Then the devil taketh our Saviour up into the holy city, and setteth him on a pinnacle of the temple.' I do not know what the Hebrew word that is translated 'pinnacle' implies, but if, probably, it was a summit of the temple that was ascendible, it could be accounted for, as it would then be that at the instigation of the devil our Saviour went into Jerusalem, and to this elevated part of the temple. Again, it would be similar as regards our Saviour being 'carried up into an exceeding high mountain.' The evil one, in my own case, has never appeared to me. I have had wealth and power offered by the evil spirits to me, if I would give myself up to, or worship Satan; but by the blessing of God, through the mediation of my Saviour, I was enabled to resist the temptation.

"That in the time of our Saviour evil spirits or devils were common there can be no question, as they are repeatedly referred to throughout the writings of the evangelists. And there can be as little doubt that devils or unclean spirits remained after our Saviour's ascension, as they were cast out by the apostles, as appears in the Acts v. 16; viii. 7; xvi. 18; xix. 12. Not having quitted the world, therefore, at the period of our Saviour's ascension, it is not by any means probable that evil spirits deserted it on the death of the apostles; and there is no reason to suppose that they are not now still allowed to visit the earth. I was wholly an unbeliever in this respect, but I now entertain no doubt on the subject, from my past long-trying experience; and it strikes me that many persons who are considered and pronounced deranged, are really, instead, possessed by evil spirits. It may be said that

I may myself be in a state of derangement. To this I would oppose these facts—that I do not pretend to having had any ocular demonstration of any spirit, nor have I had any distorted visions or ideas. I have not spoken incoherently, nor have I acted contrary to rationality; but I have always been blessed with my senses, notwithstanding this heavy calamity of evil possession, with which it has pleased God to visit me, and which He has now been graciously pleased to remove from me. May all others, similarly afflicted, experience, in like manner, the mercy and goodness of God.”

The following description is given by a young gentleman of talent and literary pursuits, who suffered from an attack of acute mania, attended by considerable physical prostration. The attack was due to over-excitement in religious matters, lasted five months, and was followed by complete recovery:—

“The first symptom of insanity, in my own case, was want of sleep. I was conscious myself of this need of natural slumber, as well as my friends, and tried in vain to obtain it from narcotics. The very consciousness of the fact that I needed repose, and my efforts to obtain it, only aggravated my excitement, and my brain grew every day more and more disturbed. At last, I began to imagine that the final dissolution of all things was coming on, thus transferring the tumult in my own mind to external nature. I was removed from the place where I was then residing, to be conveyed home in a carriage, a distance of some thirty or forty miles. It was on the Sabbath, in the month of October, and one of the most lovely days of ‘Indian summer.’ A golden haze overspread the

earth, through which the blue peaks of the Catskills loomed softly on the southern horizon. Had I been well, I should have enjoyed the ride, for autumn is my favourite season of the year; and as it was, the exceeding loveliness of the season stole in upon my fevered brain with something of its old effect. I imagined that it was my last look upon that earth that had once contained for me so much gladness and beauty. The rustling of the dead and dying leaves, and the smoking light that lay over all the landscape, confirmed the impression.

‘The sun’s eye had a sickly glare,
The earth with age was dim.’

The houses as we passed seemed empty and desolate (which was, indeed, true, since the people were all gone to church); scarcely a living object met my eye, except a few people that were passing on foot or in carriages, and even they seemed more dead than alive; their faces wore a semi-inanimate, unearthly expression. As I gazed, with weary, half-shut eye, down the long valley, and across the brown woods that stretched away to the base of the distant mountains, there came into my mind, with sublime and soothing effect, and with all the force of reality, this fine sentence, which I believe to be found somewhere in Holy Writ—‘And I saw all the kingdoms of the earth in a vision.’ The roads were smooth, the horses sped along briskly, and I believed this prophetic utterance was to be literally accomplished in my own case, and that I was thus, amid the profound stillness of universal nature, to ride over the whole earth, now fading with its last autumn. During the ride I struggled once to escape from the

man who held me by his side, and displaced a bandage on my arm, where I had been recently bled. The blood flowed again copiously before it could be bound up, and this, together with the fatigue of my efforts, so exhausted me that, when at evening we reached a small town on the banks of the river, my vital strength was nearly spent. I lay faint and weary, and gazed dimly upon the water while waiting for the ferry-boat. The bells were ringing for the evening service, and the streets were filled with people flocking to church. The full moon was rising in mild splendour over the eastern hills beyond the river, and the evening wind was just curling the water into a ripple. I thought the river was no other than the Jordan of Death, across which I was about to pass into the happy country beyond, and that the whole world was following me to judgment. While crossing, I turned my eye up the stream, and as the soft light lay upon the water, and the white sails of the sloops dotted the long vista, a sense of unutterable beauty filled my soul. When we were on the other side, and had nearly reached home, we passed through another village, where the bells were again ringing, and a stream of people passing along to church. I recognised every familiar object, but the same idea continued in my mind, and it seemed the bells were tolling, and the nations coming up to judgment. After I reached home I must have slept for some time, for when I next woke to consciousness I cannot precisely determine, but it seemed that the demons of madness were pursuing me again. I fled back into the scenes of the Jewish dispensation for repose. I found myself transferred into the early history of the world.

“About this time the autumn rains set in, and I supposed myself in the ark, flying through the stormy waters. I was lying in an upper room in the house of my brother-in-law, and as I looked out at the dreary weather, everything conspired to favour this delusion. The window curtains were parted, so that the space through which the light came in was in the form of a steep lattice-roof, such as I remember in the old pictures of the ark. Here I obtained a short repose, but the pursuing fiend found me again, and drove me abroad through boundless space. Then every muscle and nerve seemed wrought to the utmost tension, and I imagined that the world was again dissolved into chaos, and that all living things had perished, but that I had found out the great secret of Nature, and through me the universe was to be reconstructed. I thought that I was the living, intelligent principle of electricity, and that I had power to call into my own person all the electric fluid in the world; and thus I was to give life again to my friends and others. My father had lately arrived, and he made a remark in my hearing which partially gave rise to this idea. He said he heard the wires of the electric telegraph ring as he passed along the road. I thought all the telegraph wires in the city were employed in conducting the fluid into my body; and this gave me unnatural strength. I thought I was moving by some attraction towards the sun, and that there, in the opaque centre of the great luminary, I should at last find an eternal rest, and rejoin my friends and kindred. But these periods of intense excitement were followed by great nervous prostration, and then I would seem to lose again all my powers,

the electric fluid was dispersed, the spirits of my friends were scattered again, and I seemed to be sinking through immeasurable depths of space, when I was just on the point of achieving immortal happiness. Again, as I had almost gathered in the scattered spirits, and the new earth was about complete, a comet struck us, and we were dashed into numerous fragments, upon which we were hurled flaming through the universe. Then there was a great battle in the sky among hostile powers; some of my friends were upon separate fragments, and vast gulfs of fire yawned between us. I was left upon one small piece, with only two persons with me (these were two men who sat up with me through the night). A lurid light surrounded us, and these were enemies with whom my father, upon another fragment, and with a large squadron of my friends, was about to do battle for my recovery. I must have slept very little during this time, which was only a week, though it seemed to me a century.

“The familiar faces of my friends, as they came into the room, would seem for a time to partially restore me to reason, and bring me back to the earth again. Then I heard sounds of harmony, and a noise of chains, and the voices of men outside the house, and I imagined they were trying to bind me to the earth, and attaching all the oxen and horses in the world to draw me back when I was endeavouring to fly away. Again, I would seem to rise in the air, and the house became a balloon, floating above the town in the gaze of assembled thousands. At last, failing to find rest for my soul, I fled still farther back into the past history of the world, for the purpose of reaching a

period in the human race as remote as possible, or even anterior, to the existence of men, so as to include all that had ever lived in the new creation, and thus reconcile all hostility among contending spirits. I betook myself to Grecian mythology, and became Apollo, or the sun himself, the source of all life.

“When I was removed from the house to be conveyed to the asylum, I suspected there was some design upon me, and resisted; but when I got into the carriage, and two of the gentlemen who accompanied me sat with me, while the third mounted the box and drove, I thought he was Phaëton, driving the horses of the sun, and that I ought to be doing it myself, and then the men by my side kept saying to me, ‘Never mind, sit still; he don’t know the team, he don’t understand the horses.’ Whether anything of this kind was actually said I know not, but it confirmed my impression; and though I felt personally secure from harm, I feared he would destroy himself, and produce universal ruin again, by driving my coursers. When we drove up to the asylum, its imposing front made quite an impression upon me. I had some idea of the true character of the building, but the predominant fancy overruled it, and the building became the temple of Apollo, into the possession of which I was about to enter, as my rightful residence.

“Then followed a period of unconsciousness, broken here and there only by impressions vivid enough to be recalled to memory. Heathen mythology became mixed with modern astronomy, and I was transferred from Apollo to Mars, and became the god of war. At this time I was very violent, and struggled fiercely

with my attendants; finally, getting no repose, and finding that I saw my friends no more, I despaired of getting back again, and thought myself a comet—the living intelligent head of a comet—flying through space with inconceivable velocity, and passing far beyond the confines of the habitable universe, thus leaving my friends hopelessly behind me. I lost all sense of time and space. A whizzing and careering through trackless solitudes, a sense of rapid and lonely motion at an incalculable rate, and a sinking of the heart in utter despair, are all I can recollect. But at length I began to notice the succession of day and night, and observe things about me; then, to be sensible of hunger and thirst and clothing. This checked my career, and I now believed my friends, with the other inhabitants of the earth, were in the planet Jupiter, and that a cable had been passed over to me, by which I was moored alongside, or rather, held attached, though still at a great distance. Along this rope they passed me food and drink, and clean clothes, and the spirits of my nearest friends came across, and entered the bodies of those whom I saw around me. One of the attendants I took to be my brother, though he resembled him but slightly; another was an intimate friend, while another was my implacable enemy.

“I began gradually to realise my situation—to feel that I was confined within stone walls. I tried to escape from the window, and should have precipitated myself boldly from any height, for I had no doubt whatever that I should fly direct to Jupiter, could I get into free air. An ethereal lightness seemed to pervade my whole frame, and the great stone edifice

itself appeared to be sustained in mid-air. It was a long time after I began to recover and walked out before the earth seemed firm and resisting under my feet. During the day I enjoyed myself tolerably well, while I was permitted to walk the hall; and the sight of the sun, when he occasionally appeared during the cloudy days of mid-winter, rejoiced me greatly; but at the approach of night I fancied that I was falling into the power of evil again, and the lighting of the gas was very obnoxious to me. I tried to blow out the light, and once pulled down one of the gas-pipes, supposing that thereby I could hide the darkness and restore the dominion of the sun again. At last:—

‘All these sharp fancies by down-lapsing thought
Streamed onwards, lost their edges and did creep,
Rolled on each other, rounded, smoothed, and brought
Into the gulfs of sleep.’

“From the time I began to sleep soundly, my recovery was sure. But every night I visited Jupiter, and had entrancing visions of loveliness spread before me. I could see the convexity of the planet rising slowly before me, but yet swaying to and fro as if in uncertain equilibrium; and heaving and tossing like a balloon, or a ship at sea. From this delightful abode, I was invariably driven by my pursuing demon, and brought back to my prison again, notwithstanding the superhuman efforts of my friends to save me. About this time, the news of the death of an influential personage, and the result of an important election in which I had been considerably interested, began to make some impression upon me. At length, one day, I happened to see

a new book, and a January number of a magazine, and this established a correct idea of time. Then I inquired the day of the month, and began to keep that, as also the days of the week. Still, there was a vast chasm behind me, and I thought I had been here millions of years. I was astonished to find, upon inquiry, that it had been but little more than two months. From this time forth, I recovered rapidly. My delusive fancies broke up, and began to recede from my mind like the figures in a dissolving view. I adopted the lunatic asylum as a fixed fact, and began to accommodate myself to my situation.

“Such are some of the facts in my own experience of insanity. It will be seen from this, that the first step towards recovery is to correct the perceptions, so as to make things seem what they are, or what they seem to rational people—in nautical phrase, to take an observation, ascertain bearings and distances, and write up the log. After once recovering the ideas of time and space, and firmly fixing them, consciousness will come back to its original seat, and adapt itself again to realities. Thus the great material universe will finally swing round again to the senses, and the old order become re-established. Sometimes a sudden surprise, such as the appearance of a long-absent friend, the news of the death of a beloved one, or some other remarkable occurrence, will accomplish this at once, and restore reason instantaneously. In such cases there seems to be a powerful reaction, as if the mind were jerked back into its socket, like a dislocated shoulder-blade. I have no doubt the sudden appearance of valued friends, a few weeks after I was brought here, would have had this effect upon me.

“When public benevolence reaches such a height, or the means of patients are so ample as to induce the medical faculty to investigate the subject more thoroughly, so that scientific principles can be more generally carried into effect in the treatment of insanity, much greater success may be looked for, and, doubtless, many cases now regarded hopeless would be found not incurable.”

The case I now shall refer to is a gentleman, aged thirty, who presented himself at the gates of a large asylum early in the morning requesting admission. He was overcome with fatigue, having been wandering for several days and nights about the streets of the metropolis. He stated “he was a prophet of the Lord on his way to Jerusalem, and that the Holy Spirit had directed him hither to seek food and rest.” He was obviously suffering from religious delusions, and after communicating with his friends he was duly certified and admitted. His occupation was a steward in the household of a gentleman, and his statement was as follows: “From July to November I was highly nervous, and experienced a considerable loss of strength and flesh; I spoke sometimes so sharply to those around me as to startle them and make them fear me. About this time (the beginning of the attack) I felt great anxiety for the eternal salvation of my employer. His brother was lying ill, and I begged that I might visit him, but my offer was refused; I therefore prayed earnestly for his recovery, and had the satisfaction of hearing next day that he was better. Strong hope, mingled with fear, now took possession of me. When at prayer something would pull at my back, blow in my face as if in derision,

and, hovering round my mouth, try to snatch the words from my lips. At night, when in bed, I felt something press upon my chest, and awoke in great trepidation in the middle of the night, when I sometimes heard music at a distance. These impressions terrified me so much that I dreaded to lie down; then again, I was afraid of forfeiting God's confidence by committing some undefined sin that I could not resist. Therefore I felt a strong inclination to leave the house of my benefactor, which desire was increased by my imagining that the persons in it would fall into apostasy. Hence I had recourse to prayer with all my heart, with all my power, and while praying nearly fainted. It next occurred to me that my employer had become rich by unjust gains, and that he and his wife would be trodden down in the streets and trampled to death. One evening, while at prayer, I saw a circle descend slowly on my head, and afterwards told my wife that I was the anointed of the Lord, but she did not appear to understand my meaning. Felt that I was very ignorant of the Scriptures; but expected every day that the power of God would instruct me, and that I should be commanded to leave the house on a sudden, so I put all things in order for my departure. On the 9th of March I left, but I was greatly agitated, and wept frequently, being unable to restrain my feelings. About this period, I began to see objects like gnats floating before my eyes, and thought that they were wicked spirits watching me; however, I felt satisfied that I was anointed in a very high degree, and that my mission from the Holy Spirit was to walk incessantly about, and convert the people I met with. As I passed near to them, I believed the

Holy Spirit transferred itself from me to them; so I selected the most crowded thoroughfares in the metropolis for the work of conversion, and extended my walks daily, sometimes even into the adjoining counties, and I thought the people often turned round and looked at me as I passed, with great satisfaction, as if conscious of the blessing I had conferred on them. To see the crowds I had converted greatly encouraged me in my labours; and now, delighted with my office, I had special revelations. One night, while in bed, I saw the glory of the moon; it was like an horizontal pillar across the moon, which increased in size and radiance as it approached my bedroom window, and I now believed that I was to be a prince, and the high priest of our Saviour. Upon the approach of the morning I felt a burning flame around me, and conceived that it was the glory of God sanctifying me for the work I had to perform. My sensations frequently alarmed me; more than once I was afraid I should go mad, and then I alternately laughed and wept. One day, I heard my feet speaking to me, telling me that I should be a king and reign at Jerusalem; and I also heard other voices telling me that I was Dan, the son of Jacob, and should have large possessions at Jerusalem. Thus, having left my home, I wandered over miles of ground, imagining that I was forbidden to sit down or stand still, and, after having walked the whole night, one morning I arrived in Sion Lane, and was, by one of the cottagers, conducted to the house, where I expected to find food and rest. The proprietor, I supposed was a high churchman; and I expected all the inhabitants would come while I was asleep and look at me, in order that they might be converted. During

the first few weeks of my residence there many strange fancies came across my brain ; with my new companions and the medical gentlemen I conversed freely, and gradually became quite conscious that I had been under delusions which have happily passed away, and my mental health is now, I am grateful to believe, quite restored."

A lady who suffered from hallucinations caused by the morphia habit thus describes her symptoms : "After taking a few doses of morphia, I felt a sensation of extreme quiet and wish for repose, and on closing my eyes visions, if I may so call them, were constantly before me, and as constantly changing in their aspect—scenes from foreign lands, lovely landscapes, with tall, magnificent trees, covered with drooping foliage, which was blown gently against me as I walked along. Then in an instant I was in a besieged city filled with armed men. I was carrying an infant, which was snatched from me by a soldier, and killed upon the spot. A Turk was standing by with a scimitar by his side, which I seized, and attacking the man who had killed the child, I fought most furiously with him and killed him. Then I was surrounded, made prisoner, carried before a judge, and accused of the deed ; but I pleaded my own cause with such a burst of eloquence (which, by the way, I am quite incapable of doing in my right mind), that judge, jury, and hearers acquitted me at once. Again, I was in an Eastern city, visiting an Oriental lady, who entertained me most charmingly. We sat together on rich ottomans, and were regaled with coffee and confectionery ; then came soft sounds of music at a distance, while fountains were playing and

birds singing, and dancing-girls danced before us, every movement being accompanied with the tinkling of silver bells attached to their feet. But all this suddenly changed, and I was entertaining the Oriental lady in my own house; and, in order to please her delicate taste, I had everything prepared, as nearly as possible, after the fashion with which she had so enchanted me. She, however, to my no small surprise, asked for wine; and took not one, two, or three glasses, but drank freely, until at last I became terrified that she would have to be carried away intoxicated. While considering what course I had better adopt, several English officers came in, and she at once asked them to drink with her, which so shocked my sense of propriety that the scene changed, and I was in darkness.

“Then I felt that I was formed of granite and immovable. Suddenly a change came again over me, and I found that I consisted of delicate and fragile basket-work. Then I became a danseuse, delighting an audience and myself by movements which seemed barely to touch the earth. Presently beautiful sights came before me, treasures from the depths of the sea—gems of the brightest hues, gorgeous shells, coral of the richest colours, sparkling with drops of water, and hung with lovely seaweed. My eager glances could not take in half the beautiful objects that passed before me during the incessant changes the visions underwent. Now I was gazing upon antique brooches and rings from buried cities; now upon a series of ancient Egyptian vases; now upon sculptured wood-work, blackened by time; and lastly, I was buried amidst forests of tall trees such as I had read of, but never seen.

“The sights that pleased me most I had power, to a certain extent, to prolong, and those that displeased me I could occasionally set aside ; and I awoke myself to full consciousness once or twice, while under the influence of the morphia, by an angry exclamation that I would not have it. I did not once lose my personal identity.”

This lady almost invariably suffered more or less from hallucinations of the foregoing character, if it became necessary to administer to her an opiate ; and on analysing her visions, she could generally refer the principal portions of them, notwithstanding their confusion and distortion, to works that she had recently read.

A student studying at the university was brought to an asylum suffering from an attack of acute mental disease, produced by too intense application to his studies. He remained at the asylum for six months, rejoined his university, and completed his curriculum with honour. The following is an extract from his diary describing his condition during his illness :—

“My memory during the whole period of my violent illness was preternaturally active, calling up scenes and recollections of very early childhood,—the toys and various utensils then about me, the little adventures and queer speeches which will cling to one’s memory, while more important matters escape,—these, and almost everything,—names, scenes, historical and personal incidents, fact or fiction, phrases of other languages, passages of poetry and of the Bible,—all these, by the merest similitude of sound, of name, or any other near or remote principle of association, were grouped in my mind, and would flit across its vision with inconceivable rapidity.

“Often, I remember, have I lain on my sleepless bed, and strung one group of words together, as they thus occurred to me, and, catching at some slight analogy in the last, would run off into another distinct series; and thus, till the tongue fairly wearied, and the lips refused to move, have arranged the affairs and settled the disputes of generations past, present, and yet to be,—of princes and potentates, of injured queens, and defrauded heirs-apparent,—rummaging the legends of the Tower, and all the dark, romantic lore of Scottish feudal life; righting the wrong in every department or age of human existence; quarrelling most irreverently and pertly with many characters usually deemed sacred, and elevating in my own imagination many of those luckless but interesting heroes, who, with many dazzling and redeeming qualities, had yet the misfortune to be wicked.

“Here came out in full my sneaking liking for Saul and Pontius Pilate (a very clever fellow, by the way, who occasionally appeared in the hall, and had an unfortunate squint), Henry VIII., Herod (whose valiant slaughter of Judea’s infantry always inspired my young mind with a dread feeling of admiration), and Nebuchadnezzar. All these were living, breathing personages to me—for death seemed but a voluntary step, and a slight one—and with *these* I communed in the night-watches. I thought I heard them answer me, and I spoke as in reply—sometimes sadly, remembering some sorrowful scene gone by, with which I intimately connected them; sometimes in irrepressible glee; and again in anger—the mood varying with the turn of a word. Sometimes I would fall upon what, to me, was a sublime thought, and remembering

Napoleon's saying, was pretty certain to change to a ludicrous interpretation, or some other such turn.

"Shortly after, I got a letter from my sister which most grievously distressed me. From it, I first realised that I was under restraint, and in an *asylum*. I held my head between my hands, and pressed it against the wall; every pulse came bounding with double force and rapidity, it seemed as if I should go mad then and for ever. I did not notice those who passed, nor spoke, nor interested myself in the employments of others. I was changing.

"When the doctor passed through the ward, I begged of him to take me from this place. I was too proud for that before. He tried to put me off. I followed him to the end of the hall, and then with my eyes till he passed out of sight.

"It was not many days before the doctor took me with him as he went his rounds, and left me in a lower and a better hall. Then the scenes with which many of my delusions were connected were changed. I looked no more at things around me through the distorted medium of an assumed character.

"It was not without a voluntary effort, and that a painful one, that I tore myself from a glorious world of my own creating, and a throne of my own construction, to take my place in a real and very commonplace lower planet, full of ordinary and intractable characters. For did I not leave the inspiring and elevating society of the great and good and heroic of every age, and glorious schemes of empire, and grand ideas of improvement, whether commercial, or military, or literary, or in the fine arts? Were not tall monuments and noble temples to rise over this and every other land?

Were not the thoughts of genius, expressed as they never before had found expression, to glow in fresco, on canvas, or to stand forth in pure dignity in the marble statue? Were not the scenes of my childhood's pleasures to be made sacred by its offering?

"Then should the pale scholar and the inspired poet no longer waste unheeded away, but each in his place should enjoy his fit reward. And the white sails of every nation, but rather of mine, should be spread to the breeze in every sea, bringing back richer freights than those of Solomon; and armies should stand ready at my bidding, innumerable, and comprising in their legions every force that ever in truth or poetry took the field—the battalions that contended with each other when there was war in heaven, the veterans of Napoleon, and the tiny squadrons of fairy-land. But these I left; and as I descended from my throne, reason resumed hers.

"Not many days afterwards, I wrote a most urgent letter home, as perfectly sane as ever I was or shall be, requesting to be removed.

"Day after day, and hours, and minutes I counted, till I reached my home—*free*."

A gentleman, who had attempted suicide some time ago, but whose act had been frustrated, thus describes his own case:—

"It is, fortunately," he observes, "for persons in my unhappy situation, difficult to procure the more deadly mineral or acid poisons, but my diseased thoughts now fixed upon laudanum as a last resource. I had read the affecting account of poor Cowper, in his efforts at self-destruction, having procured a half-ounce phial of laudanum as a deadly dose, and I

procured, by pennyworths at a time, in different shops, about three-quarters of an ounce, that the quantity as, I thought, might be effective. But, as night approached, and the terrors of death and the judgment stood in array before me, along with the cruel injury I was about to inflict on my poor family, better thoughts got the ascendancy, and the deadly draught was thrown out of the window, with a resolution to banish such a fearful purpose for ever from my mind. But the demon of self-destruction was not to be exorcised so easily, and it haunted me with the morbid and fixed purpose of moral insanity. I had been so distracted, that for some days I had been unfit to attend to my duties at the chamberlain's office, and I felt as if hurried by an irresistible impulse and inevitable necessity to consummate my terrible purpose. Accordingly, with thief-like caution, and 'method in my madness,' I procured the like quantity of laudanum by the same means as before, and concealed it, till I should go to bed with my sleeping-draught, and 'sleep the sleep that knows no waking.'

"This was on a Friday. When I think of it, I cannot account for the moral torpor of my mind, but by the conviction that my brain was overwhelmed with insanity. Pity for my poor wife and children I seemed to have none; and a sense of my moral responsibility to God, as a free agent, must have been greatly obscured or lost. Greedily I swallowed the deadly draught, and lay down in a stupor of misery, never, as I believed, to open my eyes again on this, to me, world of woe. I think it might have been four o'clock on the following morning that I awakened to a dim consciousness of existence, and of what I had done.

The walls of my bedroom, as I sat up, seemed to be revolving with a vertical motion, and the furniture and pictures on the wall continued spinning round, till my eyes grew sore and my brain giddy with watching their rotary evolutions. With the exception of a feeling of stupor and giddiness, I felt quite well and happy; and I lay the whole of that day and next night in a soporific and delicious dream, between sleeping and waking. On the Sunday I walked with my brother in the fields, was very talkative and merry, and went to church in the afternoon. I kept my own counsel, however, regarding the laudanum; and in the evening I drank tea with my sister in London Street, without exciting any feeling but surprise and apprehension at my apparent rapid recovery and high spirits. I left London Street alone in the evening intending to visit the grave of a dear friend in the beautiful cemetery of the Dean; but, fortunately, I had changed my mind, or had felt unable for the journey, as I found myself in the Meadows when the sun was going down, and bathing meadow, tower, and tree with a flood of golden light. While enjoying the soft effulgence, I was suddenly struck with a faintness at the heart, and a violent palpitation commenced, as if the wheel at the cistern was hurrying on to a sudden crash. Believing I was instantly dying, from the violent throbbing of my heart and brain, it was with difficulty that I reached a seat, and entreated some persons who observed my distress to let my friends know that I was dying. Here, with a crowd gathering round me, I watched, as if for the last time, the sun descending behind some trees on the horizon, and I was convinced that I had but a few moments to live,

the thought of what I had done overwhelmed me with terror, and the certainty of eternal perdition. Recollecting that I had observed some discoloured spots on some parts of my body in the morning—no doubt a healthy effort of nature to throw off from the citadel of life the deleterious drug I had swallowed—the thought rushed on me that mortification had commenced, and further confirmed my dread of speedy dissolution. My friends at length came and took me home, the palpitation having somewhat abated; but my dreamlike recollections of the subsequent events of that night and the following day are but the reminiscences of insanity. Still, as in my former delirium, I was obscurely conscious of a double mental agency, and I knew every object and person around me; and, as there appeared to be a good deal of whispering and watching going on, I thought I was the victim of a conspiracy to deliver me up to the hands of justice as a flagrant criminal. How I passed the night I cannot tell, for I was unconscious of the sorrow and distraction of my wife; but all next day I talked and sung incessantly; and though I am no singer, and not remarkably gifted with the powers of elocution, my recitations and songs, from the ample stores of my memory, seemed so touching and effective, that I shed tears of emotion and joy at my own exquisite utterances. The exalted egotism of the maniac was fairly in the ascendant; but though elevated in my spirits, I was somewhat conscious, from sad experience of the former fiery ordeal I had gone through, that this bewildering excitement was a premonitory symptom of approaching brain fever, and complete mental alienation. I believed I had ruined

my character for ever with my employer; but as I was to put a bold face on my infamy, I had determined to resume my avocations next day, and laugh at the simplicity of the chamberlain who kept such a rascal in his employment. Meantime the whispering and plotting seemed still to be going on, and I had resolved to stand on the defensive, and keep a sharp lookout, when in the evening I was solicited by my brother and two other relatives to accompany them in a short excursion to the country in a cab. To this I cheerfully acceded, marvelling much where we were going, or what friend we were to visit. I had scarcely taken my seat, however, when I suspected, from their manner, the covert purpose of the drive, and the truth dawned upon me that they were conveying me to a madhouse. But I felt passive and resigned to my fate, thinking I should find a refuge from disgrace where the finger of scorn, or the reproaches of cruelty or malice would not disturb my solitude and repose; and I voluntarily gave up to my friends my penknife, believing, in my partial gleam of sanity, that I could not safely be trusted with edged instruments. In a few minutes, accordingly, I found myself an inmate of Morningside Asylum.

“My own youthful recollections of a madhouse were associated with all the horrors of a solitary cell, cruel coercion, the clanking of chains, and the howlings of despair, from having frequently, when a boy, witnessed such scenes in Bedlam, one of the earliest public institutions of the kind. Ah! could I then have dreamed that I myself should one day be the inmate of an asylum, the terrible conception would surely have whirled my brain, so miserable

were the impressions of what I had seen on my youthful mind.

“But how well it is for us, that—

‘Heaven in its mercy hides the book of fate,
All but the page prescribed—our present state.’

“‘Else,’ as Pope justly adds, ‘who could suffer being here below?’ Bedlam was then one of the regular sights of the place, and often a spectacle to gratify the idle and unfeeling curiosity of vulgar minds, which could feel any gratification in looking upon this last of human afflictions—the temporal wreck of an immortal mind. Often have I accompanied the keepers at supper-time, when doling out to the poor creatures their portion of potatoes and salt (but I rather fear the latter condiment was sometimes dispensed with), and I can never forget the wild, startled look of many a cadaverous visage which the grating lock and the unwonted light roused from its wretched lair. To some, chained among straw, like wild beasts, their food was thrust through a loop-hole in the wall, their only window, while others were left to devour their’s in the dark as best they might. The more harmless or convalescent patients—if such a condition as convalescence was then recognised in such places—were assembled in the evenings and portions of the day in a common, ill-ventilated room, under the charge of a keeper, armed with a terrible thong (the same with which poor Abban Hassan, of the *Arabian Nights*, suffered his flagellations), and a supply of strait-jackets for the unruly. Frequent were the scourgings with instruments of torture; and a supplementary infliction was readily found in a pump in the court,

surrounded by a box, into which the refractory patients, male or female, were thrust, while a pitiless torrent of water was poured for a long time on their distracted brain. Sunday was a day of unmitigated solitude. No voice of prayer or praise hallowed the day of rest; and the only sound that met the ear of the citizen enjoying a quiet walk in the fields on that blessed day was the shrill whistle of some solitary wretch, or—

‘Moody madness laughing wild amid severest woe.’

“But I turn from this heart-saddening spectacle, with its many untold tales of unutterable woe, to the cheering atmosphere of life and light, which sheds a spirit of hope and comfort over the beautiful precincts of Morningside Asylum. Here words of hope and consolation might adorn the gateway, speaking better things to the unfortunate and their friends in the day of calamity than our forefathers ever dreamed of in the dark days that are happily for ever past.”

The patient gives the following description of one of the weekly balls at the asylum:—

“Strangers are always expected, and every one very properly wishes to appear to the best advantage, and to acquit themselves with propriety, in honour of the event. Accordingly, at seven o’clock, from all departments of the asylum, the patients, accompanied by their respective attendants, came trooping on the tip-toe of expectation for the ball-room. On entering the spacious and brilliantly-lighted hall, I was never more struck and interested than by the spectacle that met my gaze. Here were from 300 to 400 persons of that class, who were formerly considered beyond the

pale of social intercourse, like the lepers of old—pariahs of the human race—assembled for the exhilarating and healthful enjoyment of music and the dance, and forming as decorous and wise-like a festive party as could be found in all broad Scotland. When arranged for the dance—which is conducted with the utmost propriety and politeness, each gentleman courteously selecting his own partner—the *tout ensemble* of this extraordinary and unique spectacle must astonish and delight every stranger. First comes a Scotch reel. Perhaps from forty to fifty couples wait with glistening eye the starting note, when off they go, with ‘life and mettle in their heels,’ making the walls of the stately mansion vibrate to their vigorous tread, as if sorrow and despair had never followed their footsteps, or cast a shadow over their path. Grotesque and odd enough are some of their motions, and, as the ‘mirth and fun grow fast and furious,’ to watch their rapid evolutions, as I do with my mind’s eye at present, seems like the phantasmagoria of a wizard dream. It does not suggest the idea of Bedlam broke loose, but of Bedlam in ecstasy, till the fiddles give their closing scream of discord, when the whirling group is arrested, and, with many a profound bow, and politely leading of partners to their seats, the assemblage is all in an instant quietly seated again, the ladies on one side of the hall, and the gentlemen opposite, while the strangers are set apart on the orchestra side. But now a song is announced by the master of the ceremonies, and anon a voice is heard from among the group of patients, chanting very sweetly Ballantyne’s pretty nursery song of *Castles in the Air*, which is listened to in eloquent silence,

and rapturously applauded at the close. I may here be permitted to observe, that on another evening I was secretly gratified by hearing a song of my own sung, the author being unknown to all present, and congratulating himself on his obscurity. Quadrilles, country dances, and every variety of exercise for the 'light fantastic toe,' succeed, in which the delighted patients acquit themselves admirably; and so, alternating with the song and the dance, the evening passes away, winged with delight, till between nine and ten o'clock, when the Queen's Anthem, finely and heartily sung by the whole assemblage, closes the extraordinary and gratifying scene."

The patient then describes his gradual restoration to mental health, and his gratitude for the care and kindness he received at the institution.

A clerk, aged twenty-eight, came under my observation. He had been ill for two months, was liable to attacks of excitement, declined all food, suffered from religious morbid ideas, imagined that he had been very wicked, his thoughts wandered away, he could not concentrate his mind; the case was a very obstinate one. The symptoms he entertained latterly before improving were those respecting the unreality of everything; he seemed to walk about as if in vacancy. The following is a statement of his case, just received by me on his recovery after two years' illness.

"I will just write a few remarks as to my feelings and symptoms which have taken place during the last two years or so, as far as my memory will permit me, which are as follows: Being stirred up by religious fervour, added to by being run down through anxiety, doubt, and constant fear, and over-eagerness at my

business, which caused me great depression, and at times greatly agitated me. I could not do anything right, and although wanting to do everything and worrying as to not being (as I seemed) able to, it caused me to feel very ill, and to get into a peculiar state, which developed one evening into pains in the head, and which got, as it were, like two cords strung to such tautness that any moment I feared they would snap, and in despair I thought it was all up with me; but a visit to my local doctor for soothing medicine relieved me for the time being, but great depression continued, with heavy feelings in the head, and each day I seemed to get worse in myself, and instead of looking at things in a bright light, everything was black and without hope, and all I felt able to do was to resort to outbursts of grief and despair; my sleep at night was very little, as peculiar pains and fancies would disturb my rest, in fact, I dreaded to retire to rest, my mind being all at work with thoughts of constant fear as to myself. I seemed to turn against all food, and could not enjoy any repast, in fact, it was more than a labour to eat at all, although trying hard to force myself it proved a failure,—whatever I did nothing seemed real.

“Through the influence of friends I consulted my doctor, who advised a change, which seemed to make me better; but when I got back with my old acquaintances again, and talking of my symptoms and answering their sympathetic inquiries, my feelings would all return, and my thoughts were always of myself. I returned to business, but want of will-power would still deny me from turning my thoughts or my feelings to anything else. I did not appear to

be able to leave anything to the next day, as I had no hope of the future. I still continued to have short and restless nights; after an hour's sleep or so I would wake and could not get to sleep again, and the pains in my head, which seemed to be like a sheet of ice, caused me worry. I dreaded meeting any friends in case they would ask me how I was; conscience being overstrained would not permit me to say I was all right as advised. The depression still kept with me, and thoughts of ending it often occurred, especially when opportunities arose, but want of will and thoughts of the great sin, I am now thankful to realise and say, prevented any suicidal tendencies from being fulfilled. My nights were worse than the days with quietness and solitude; I longed for the mornings. My habits all seemed irregular, and peculiar feelings in my body worried me considerably, in fact, I could not realise I was the same human being as formerly, or that I should ever be again as before; but I am thankful to say, through treatment, my nights became better, and although my dreams were frequent, I could sleep longer; but nevertheless the memory of the dreams would keep by me, and my memory seemed ever ready to be able to tell them for days. This went on for some time and the peculiar sensations of the body continued, but of a weaker and not lasting kind as formerly. I did not seem to get any pleasure in anything; nothing was natural. Although able to converse and enjoy, as it were, society while it was on, yet after I could not get the pleasure of the enjoyment to keep with me when alone, and everything went from me, leaving nothing but myself to be thought about and my different feelings. For a long

time I could not realise any change for the better, but repeated assurances by some were given.

“The first time I could persuade myself that I was getting better was when on my last holiday at Scarboro’. With the delightful scenery and bracing air, I seemed to get, by its influence, into my regular habits; sensations got much weaker, my sleep was better, and I would rise in the morning feeling very fresh, and more or less invigorated, and I returned home greatly improved in health and spirits. I still continued my attendances with my doctor, and from that time continued to be more cheerful, and, although peculiar feelings and sensations remain slightly with me, have now a great hope of getting myself again.

“My dreams are not of so violent a nature; and, although not a night passes without them, they leave me, as it were, upon my getting out in the morning. I can now feel more settled, and am able to do my work to my satisfaction, to enjoy it, and to feel more confidence in the same, in the way of being able to look ahead to the future; I am more able to throw off anything of a depressing nature, and enjoy, as it were, what I take on to do, and my will-power seems much stronger; in fact, I doubt not but that, in time, the past two years will sink into oblivion; as I feel now I can realise what absurdity it was to ever get so ill and upset. I cannot close these few remarks without adding my testimony and thankfulness to the patience and kindly feelings and actions of my dear wife and doctor during this trying time, when I felt a curse to myself and all around me.”

CHAPTER XII

MADNESS OF GENIUS

GENIUS is considered by many authorities as a morbid affection of the nervous system and a natural neurosis. Professor Lombroso of Turin, the greatest authority on this subject, is of this opinion, and in his published works he gives evidence in proof of this. By the word "neurosis" I mean a special condition of the brain corresponding to that disposition of the intellectual power that is termed "genius." In other words, genius, like every other disposition of the intellectual dynamism, has necessarily its material substratum. This substratum is a semi-morbid state of the brain, a true nervous erethism, the source of which is, however, well known. Plato, in his two-fold paradox enunciated by him, states that "madness is of greater nobility than sanity ; and that a distempered mind, so far from being an unmitigated evil, is, in fact, a notable blessing." Cicero, in his *Treatise on Divination*, says : " As men's minds were often seen to be excited in two manners, without any rules of reason or science, by their own uncontrollable and free motion, being sometimes under the influence of frenzy, and at others under that of dreams."

Genius is often a fatal gift, like beauty, and, as is so often seen, it is seldom combined with common sense. The irritability of genius, which is so common, is the first link in that chain of psychical maladies so often terminating in hypochondriasis, when melancholy marks the martyr of thought and genius as its own.

Many geniuses are developed in infancy, and frequently the so-called prodigy, who does not ultimately become a genius, will stop half-way, becoming insane. Insanity is a half-way house, and the precocious youth having well passed its confines, will in all probability develop into a genius; but, alas! many fail to pass this barrier, and consequently our institutions are full of brilliant intellects cut short in the precocity of their youth. -

The insanity of genius is a psychological problem, and comes before us with the most awful contrasts respecting life and death. Illusion is a pronounced characteristic of genius, and this is not to be wondered at when we consider that the workings of the imaginative mind are one protracted course of ideal creation.

There is a great relationship between insanity and genius. It is a most difficult thing to define the line that separates the sane from the insane, the babbling, drivelling idiot from the man of transcendent genius. Such a line of demarcation is not easy to fix; on the one side a high-wrought and gifted mind, and on the other an intellect distracted and tainted.

Another difficult thing is to draw the distinction between the creations of genius and the wanderings of insanity. Excessive expansion of brain-matter, great sensibility, acute sensitiveness, quickness of appre-

hension, and vividness of imagination are all indications of a state of brain bordering closely on the confines of disease. In the majority of studious men there often exists a predisposition to brain disease which may have actually existed. This is manifested in many ways.

There is a romantic history and fascination attending the consideration of mad poets, that I propose to deal with the subject in the first instance. I will give the list of the various poets who became insane, that have come to my knowledge, chronologically.

Mania with Delusions (Torquato Tasso, 1544).—Suffered from *mania periodique*, and was the victim of the literary envy of the sovereign. He suffered from auricular delusions, and phantasmagoria. He would converse eloquently with his imaginary familiar spirit, who, according to his statement, paid him various visits. It is a very dangerous thing to indulge to any extent in phantasy, as the impression becomes permanent, and what was imaginative may become real. Abnormal circulation of the brain is the supposed cause of these states of phantasmagoria, which we read of as occurring in so many poetical geniuses.

Mania and Dipsomania (Nathaniel Lee, 1657).—He died at the age of twenty-four, in the streets of London, in a night's carousal. He suffered from various attacks of recurrent insanity which necessitated his periodical detention. He was a dramatist of the highest order. The following stage direction will show what his mental condition was, especially towards the close of his career: "The scene draws, and discovers a heaven of blood, two suns, spirits in battle, arrows

shot to and fro in the air, cries of yielding persons, cries of 'Carthage is fallen.'"

Whilst confined in Old Bedlam, we are told that a cloud passed over the moon, by the light of which he was writing the scene of a play, when he cried out, "Jove, snuff the moon." With all this he seems to have well remembered the living pictures around him, for in his *Cæsar Borgia* is his faithful description of madness:—

"Like a poor lunatic that makes his moan,
And for a while beguiles his lookers on,
His eyes their wildness lose,
He vows the keepers his wrong'd sense abuse;
But if you hit the cause that hurts his brain,
Then his teeth gnash, he foams, he shakes his chain,
His eyeballs roll, and he is mad again."

Mania, Organic Disease of the Brain (Jonathan Swift, 1667).—His understanding was much impaired, and his memory failed him to such an extent that he was incapable of conversing, and his condition became one of absolute lunacy. His *Voyage to Liliput* is still read by children, which proves the triumph of the genius in his works living after him.

Moral Insanity (Richard Savage, 1698).—He made his *début* as an actor originally, but gradually sank into the depths of misery and despair.

Scrofula and Melancholia (Samuel Johnson, 1709).—As a child he was afflicted with the king's evil, disfiguring his face, and impairing his eyesight. He published many works and pamphlets, *The Life of Savage*, and in 1747 his *English Dictionary*. There is no doubt that his system was afflicted with a strumous taint; and, indeed, when a child he was carried to

Queen Anne at Kensington to be touched for the evil. He suffered from melancholia, and was constantly in terror, as he looked into futurity through the jaundiced medium of his malady. He used to say that he "inherited a violent melancholy from his father, which made him mad all his life; at least not sober." He always dreaded death, the thought being ever on his lips, "to die and go we know not where"; but when his system sank under disease, his terror of futurity waned and he died resigned. Johnson had himself to thank for much of his hypochondriac condition; he was a ravenous eater, and his digestion was never under his consideration.

Moral Insanity (Jean Jacques Rousseau, 1712).—The great French poet, whose spirit, so to speak, haunts the shores of Lake Lemman, was a typical example of genius and insanity. When a boy he was apprenticed to his father, who was a watchmaker, but he did not pursue this trade, and even whilst there occupied his time in reading sentimental novels, probably of the French School. It was undecided for a long time whether he should be brought up as a watchmaker, a lawyer, or a clergyman. He was apprenticed, however, to a lawyer, and was discharged for stupidity and incompetency. We next find him under the tuition of a coarse and tyrannical engraver, whose locks he picked, and whose property he stole, and from whose business he ran away. He was always living in worlds of his own creation, and preferred communications with the phantoms he conjured up rather than with real people. He was always holding colloquies with imaginary women, in fact, he lived in an ideal world of his own. There seemed to

be a question whether he died a natural death, or whether he committed suicide.

Melancholia (William Collins, 1720).—He was a student at Queen's College, and whilst there was distinguished for "genius and indolence." Whatever work he could be induced to do while at college, it was distinguished by evident marks of both these qualities. He was not a voluminous writer, but he has laid his claim to fame in the *Ode to the Passions* and similar pieces.

Melancholia (Christopher Smart, 1722).—He was confined in an asylum, and on the wainscot of his cell he wrote with a key the following sonnet:—

SONG OF DAVID

"He sang of God, the mighty Source
Of all things, the stupendous Force
On which all strength depends ;
From whose right arm, beneath whose eye
All period, power, and enterprise
Commences, reigns, and ends.
The world, the clustering spheres He made,
The glorious light, the soothing shade,
Dale, campaign, grove, and hill,
The multitudinous abyss,
Where Secrecy remains in bliss,
And Wisdom hides her skill.
'Tell them I AM,' Jehovah said
To Moses ; whilst earth heard in dread,
And smitten to the heart,
And once above, beneath, around,
All Nature, without voice or sound,
Replied, 'O Lord, Thou art !'"

Religious Melancholia (William Cowper, 1731).—He was confined in an asylum for eighteen months.

Canon Farrar has stated that "Cowper's disease was due to the pitiless anathemas of man, which he afterwards attributed to God, but it is certain that his malady originated, and that he had made three attempts to commit suicide before he became in earnest about salvation." Many of his hymns and many of his minor pieces were composed when he was prostrated by dejection. His malady increased, and his mind gave way, and he attempted to destroy his life "as a sacrifice for his own enormous guilt." His illness lasted for two years, though he continued to work after his discharge from the asylum. He never completely recovered his mental condition, though he revived his translation of Homer, and wrote his last words, *The Castaway*, affirming that he was still plunged in the utmost misery.

Senile Dementia and Paralysis (Dr. Beattie, 1735).—His illness was caused by the death of his eldest and favourite son. This trouble, falling on his shattered constitution, completely unhinged his mind. On gazing on the corpse of his son he ejaculated, "It is well that I have no child, I have now done with the world." This was true, and he passed into a state of dementia followed by paralysis, which terminated in death. He was a most brilliant poet, and his chief work, *The Minstrel*, forcibly speaks as to his great ability.

Moral Insanity (Vittoria Alfieri, 1749).—He carried on various intrigues, and attempted suicide. He was a victim to constitutional taint and pernicious training, with gross proclivities.

Religious Melancholia (Robert Ferguson, 1750).—His attack was brought on by intemperance. He died in an asylum in a pitiful condition.

Monomania and Suicide (Thomas Chatterton, 1752).—He had ideas of exaggeration, and in a letter to his family he wrote: "My company is courted everywhere, and could I have humbled myself to go into a comptoir, I could have had twenty places before now; but I must be among the great, and State matters suit me better than commercial." Between his twelfth and sixteenth years he had written a large number of poems. He died at the age of eighteen. His towering pride, which he designates "my pride, my damned, native, uncontrollable pride, which plunges me into distraction," was his fall from the pinnacle of fame, which he had mounted at a very early period, and his career terminated by a dose of arsenic.

Dipsomania (Freidrich Schiller, 1759, great German poet).—As a boy he was docile and intelligent, and originally intended for the Church. He ultimately joined the Medical Service of the Army. Of himself he writes: "My mind is drawn different ways; I fall headlong out of my ideal world." As his faculties and his prospects expanded, discontent arose. His medical project, like many others which he formed, never came to an issue. Love made Schiller mad. During the whole of his life he suffered from consumption, aggravated by angina pectoris, and during an attack of which he died, exclaiming: "Calmer and calmer, many things are growing plain and clear to me."

Dipsomania Melancholia (Robert Burns, 1759).—He was very irritable, and notwithstanding his success, his existence was a penalty. He was a dipsomaniac, and his leisure moments were devoted to Bacchus and Venus. He was an hypochondriac, and him-

self said that his constitution was blasted *ab origine* by "incurable melancholy." He possessed an hypothesis of morality and even virtue, which were evinced in his writings, but the madness of passion, that physical love, overcame his better instincts. Without this unholy passion, Burns would have been a happier and better man, but probably the world would have been shorn of the wild poesy of his sentiments. The amorous eulogies of Marys, Janes, and Nancys would never have been written; but his life would not have ended amidst the regrets of the libertine, and the delirium tremens of the drinker.

Senile Dementia (Charles Rogers, 1763) chiefly characterised by loss of memory.

Monomania with Partial Dementia (Robert Bloomfield, 1766).—This poet was generally known as "the farmer's boy." This was the title of his first poem, and he became a mental wreck. He was quiet and harmless, his delusions being the product of his original fancy, resembling more clairvoyance than mere imagination. These visions appeared to him as identifications of every striking scene which he had made familiar.

Dementia (Sir Walter Scott, 1771).—The genius of Sir Walter Scott ended in a state of imbecility. He first became conscious of his condition by a partial loss of memory and want of recognition even of his own sonnets.

The first suspicion of the failing mental power of Sir Walter Scott was manifested by his complete forgetfulness and want of recognition of one of his own songs at Lord Ellesmere's house, his memory at this time having completely failed him.

In glancing at Scott's later works, the psychologist may form a shrewd guess at the progress of that flaccid degeneration of tubular neurine which probably began with his reverses, and kept pace with his wondrous toil to liquidate his debts, and ended in imbecility. It is piteous to read of the last days of Sir Walter Scott. His mind, though hopelessly obscured, appeared, when there was any symptom of consciousness, to be dwelling on serious and solemn things, whilst now and then he imagined himself to be administering justice as a sheriff. His mind kept wandering from one subject to another. At one time he was quoting extracts from the Scriptures, at other times discussing other subjects, and then hopelessly mingling them together. One who was present with him shortly prior to his death, describes his visit to the house and a drive with Sir Walter Scott as follows:—

“The river being in a flood, we had to go round a few miles by Melrose Bridge. After passing the bridge, the road for a couple of miles lies east of Abbotsford. Sir Walter Scott relapsed into his stupor, but on gaining the banks immediately above it his excitement became again ungovernable.”¹ Then came calm, comparative lucidness, and then silence in the sleep that knows no awakening.

The post-mortem examination of his brain revealed the fact that there was slight turgidity of the vessels on the surface of the brain, and the cineritious substance was found of darker hue than natural. There was a greater quantity than usual of serum in the ventricles, there were several small hydatids found in the choroid plexus in the left hemisphere, and there

¹ Lockhart's *Life of Sir Walter Scott*.

was distinct ramollisement of the corpus stratum of the same side. The brain was not large, and the cranium was thinner than it is usually found to be.

As there may be possibly some who might deny my statements, so far as Sir Walter Scott is concerned, I have decided to give the post-mortem appearances of his brain, as conclusive proofs of the correctness of my assertions.

Perhaps there is no more touching psychological history than that which describes, in detail, the phenomena of the mental decadence and bodily decline, amid which the hand of the mighty Magician of the North, "who rolled back the current of time," drooped at last into hopeless paralysis. In this mournful history, which, as detailed by Lockhart, we can never peruse without some feelings of emotion, there is chronicled the special physiology and pathology of Sir Walter Scott's overworked mind. It is the history of a case—too common, alas!—not to be neglected by those who now mount as upon the wings of eagles.

At a time when pecuniary difficulties added to his mental labours, Sir Walter Scott had to tug at the literary oar, and he paid the first penalty of his unparalleled toils on the 15th of February 1830, when he had a slight apoplectic attack, more than two years and a half before his death.

Sir Walter Scott's father and elder brother died of paralysis, so there was distinct hereditary tendency to nervous disease; and when we consider the great agitation and tribulations to which he had been subjected during the four preceding years, the only wonder is that the blow was deferred so long. He was not without sufficient notice, but his persistent literary

labours were too strong for him ; and after so distinct a warning of the state of the material organ, he still worked as industriously as ever.

During the following winter his state of mind was distressingly shown to his amanuensis, and a more difficult and delicate task never devolved upon any man's friend than that which at this time he had to encounter. He could not watch Scott from hour to hour, or write at his dictation, without gradually, slowly, most reluctantly, becoming aware of the fact that that mighty hand, which he had worshipped for more than thirty years of intimacy, had lost something, and was daily losing something more of its energy. The faculties were there, and each of them was every now and then displaying itself in full vigour ; but the sagacious judgment, the brilliant fancy, the unrivalled memory were all subject to occasional eclipse. Ever and anon he paused and looked round him, like one half waking from a dream mocked with shadows. The sad bewilderment of his gaze showed a momentary consciousness that, like Samson in the lap of the Philistine, his strength was passing from him, and he was becoming weak like unto other men.

Then came the strong effort of aroused will—the clouds dispersed as before a purer air, all was bright and serene as of old, and then it closed again in yet deeper darkness.

Under these circumstances, it was no wonder that his medical advisers assured him repeatedly and emphatically that if he persisted in working his brain, nothing could prevent his malady from recurring with redoubled severity. His answer was : “ As for bidding me not work, Molly might as well put the kettle on

the fire and say: 'Now, don't boil.' I foresee distinctly that if I were to be idle I should go mad."

The fate of Swift and Marlborough was also before his eyes, and in his journal there is an entry expressive of the fear lest the anticipated blow should not destroy life, and that he might linger on a driveller and a show.

"I do not think my head is weakened," he writes, "yet a strange vacillation makes me suspect. Is it not thus that men begin to fail—becoming, as it were, infirm of purpose?"

And when, at the Court-House of Jedburgh, he faced the rabble populace and braved their hootings, the same idea of impending calamity was still present to his mind, as he greeted them, on turning away, in the words of the doomed gladiator, "*Moriturus vos saluto.*"

"As the plough neared the furrow," to use Scott's own expressive phrase, he was still urged on by his fixed habits of labour. Under the full consciousness that he had sustained three or four strokes of apoplexy, or palsy, or both combined, and tortured by various attendant ailments—cramp, rheumatism in half his joints, and daily increase of lameness—he retained all the energy of his will, and struggled manfully against this sea of troubles. Perhaps there is nothing more remarkable with literary men than this enchantment with labour.

Monomania, Opiophagism (Samuel Taylor Coleridge, 1772).—This talented poet, the author of *Aids to Reflection*, philosopher, conversationalist, one of the most distinguished competitors for literary eminence, became addicted to opium eating. Many of his most

exquisite fragments were written whilst under the influence of a narcotic. The author of *The Ancient Mariner* possessed, from his family predisposition, an abundant etiology of an originally morbidly-constituted, and ill-balanced mind. When a child he was feeble, erratic, and lived in the dreamlands of his own creation. He first became a Unitarian preacher, having previously enlisted as a dragoon. He was sensitive, and capable of continuous and useful application, and ultimately to subdue his perturbed spirit he became addicted to the habitual indulgence in drugs. It is difficult to say how much of his life was spent in the day-visions of his fancy, or how much poetry was written whilst under his monomania.

Softening of the Brain (Robert Southey, 1774).—This was gradually progressive. When his illness commenced, and his want of aptitude forsook him, with a melancholy smile flitting over his countenance, he would exclaim, "Memory, memory, where art thou gone?" His disease increased, and he became a mere automaton, and the materials of his former labours of love were lost to him; his intellect a blank. His goodness of heart, however, remained.

Folie circulaire (Charles Lamb, 1775).—He inherited the malady. His mental condition was supposed to be due to his sister's mad act, who plunged a knife into her mother's bosom and killed her. The sister was insane at the time. He was confined in an asylum at Hoxton.

In a letter to Coleridge he wrote as follows: "My life has been somewhat diversified of late. The six weeks that finished last year and began this, your very humble servant spent very agreeably in a mad-

house at Hoxton. I have got somewhat rational now, and don't bite any one. But mad I was! And many a vagary my imagination played with me, enough to make a volume if all were told. My sonnets I have extended to the number of nine since I saw you, and will some day communicate to you. I am beginning a poem in blank verse, which if I finish I publish . . . The sonnet I send you has small merit as poetry; but you will be curious to read it when I tell you it was written in my prison-house in one of my lucid intervals.

‘TO MY SISTER

‘If from my lips some angry accents fell,
 Peevish complaint, or harsh reproof unkind,
 ’Twas but the error of a sickly mind
 And troubled thoughts, clouding the purer well,
 And waters clear, of Reason; and for me
 Let this my verse the poor atonement be—
 My verse, which thou to praise wert e’er inclined
 Too highly, and with a partial eye to see
 No blemish. Thou to me didst ever show
 Kindest affection; and wouldst oft-times lend
 An ear to the desponding, love-sick lay,
 Weeping my sorrows with me, who repay
 But ill the mighty debt of love I owe,
 Mary, to thee, my sister and my friend.’”

Paroxysmal Melancholia (Charles Lloyd, 1780).—He was morbidly suspicious of everybody. Delusions of a most melancholy kind came to him in his latter days, and yet his reasoning powers remained intact.

Melancholia and Eccentricity (James Gates Percival, 1795).—He had great talent, but no consistency of purpose. He mastered all sciences and subjects

but achieved nothing. He deceived himself, and even others, into the conviction that he was of transcending nature. He was a good type of an eccentric genius, but he was of a feeble, nervous frame, and died of general decay.

Paralysis and Epilepsy (Lord Byron, 1788).—Byron was a child with a sullenly passionate temper. The irregular action of his nervous system, and the peculiarity of his temper, were inherited from his parents. His parental ancestors were remarkable for their eccentricities, irregular passions, and daring recklessness. His mother was liable to outbursts of ungovernable temper and feeling. With such a parentage and so constituted, it is not remarkable that Byron fell so early. His last moments, as depicted by Moore, must produce a feeling of melancholy. Madden described Byron's malady to be epilepsy, and he had doubtless many signs of cerebro-spinal disorder, as indicated by his frequent twitchings and strong emotion. It is on record that he awoke every morning with a feeling of melancholy, despondency, and actual despair. Byron was over-susceptible in consequence of his personal deformity, his club foot. When but a child he overheard some one say, "Do you think I can love that lame boy?" and he ran away in a passion. In addition to his epilepsy he had many signs of cerebro-spinal disorder, such as twitchings, globus, and strong emotions. He had himself some idea of his own infirmity, as he says that he was "cradled in convulsions" and "subject to a kind of hysterical merriment." He was a constitutional discontent. *The Bride of Abydos*, was composed "to keep him from going mad, by eating his own heart."

And again he says, "I feel a disrelish more powerful than indifference. If I rouse, it is into fury. I presume I shall die like Swift, dying at top." Byron's work, like his life, was a sort of Rembrandt study; so dark is all round, that the light shines out like a lustrous magic; the splendid poetry of *Manfred* gilds even the mystification of Astarte's fate, and we scarce pause to inquire its nature, incest, self-immolation, or what?—in our rapture at its poetic beauty. In such a conflict of wild, mad passions, Byron passed his eventful life.

In Sir Walter Scott and Lord Byron the malformation of the foot and leg and talipes, to which they were subject, indicated that a nervous attack occurred during intra-uterine life of a paralytic or spasmodic character. Such an occurrence has been proved beyond all doubt as liable to be accompanied by modifications of the mental characteristics, and in some instances by downright idiocy. This is specially so when the spasmodic attack has been severe and the deformity great.

In others it is followed by eccentricity, impetuosity of temper, waywardness, or genius, even when there is only a small deformity such as a slight strabismus or a twist of the foot.

Demonomania (Percy Bysshe Shelley, 1792).—The author of *Queen Mab*, written at the age of nineteen, and other poems, was educated at Eton, where he vehemently opposed the fagging system. He made an unfortunate marriage, while the income allowed him was modest. The separation from his wife, and her subsequent suicide, apparently unhinged him. Shelley was an enthusiast, impetuous and passionate.

His mind was constantly prone to the illusions of deep and painful sentiments of demonomania. He had hallucinations of visions. One evening as he was wandering with a friend in the isolated paradise of St. Arenzo, he suddenly grasped his arm, exclaiming, "There it is again—there"; and, when questioned, he declared he saw his lately deceased child, naked, arise from the sea, and then clap its little hands, as if in an ecstasy of joy, and looking at him with the smiling countenance of a cherub." As proved by his work, his genius early conceived itself. In addition to the suicide of his wife, he suffered other terrible family afflictions. He ultimately isolated himself from the world, and took a quiet villa in Italy, and then gave to the world those splendid poetical visions which were read by few, and yet denounced by all.

Monomania, Partial Dementia (John Clare, 1793). —This was brought on by imprudent speculation. He was confined in the Lunatic Asylum at Northampton, and whilst detained in the asylum he wrote as follows :—

"I am ! yet what I am none cares or knows,
 My friends forsake me like a memory lost :
 I am the self-consumer of my woes,
 They rise and vanish in oblivious host,
 Like shades in love and death's oblivion tost ;
 And yet I am—and live with shadows lost.

"Into the nothingness of scorn and noise,
 Into the living sea of waking dreams,
 Where there is neither sense of life or joys,
 But the vast shipwreck of my life's esteems,
 And e'en the dearest—that I loved the best—
 Are strange—nay, rather stranger than the rest.

"I long for scenes where man has never trod,
A place where woman never smiled or wept ;
There to abide with my Creator, God,
And sleep as I in childhood sweetly slept :
Untroubling and untroubled where I lie,
The grass below—above, the vaulted sky."

Religious Melancholia (Henry Scott Riddell, 1798).

—He was a man of solitary habits, very susceptible in his early years, and liable to attacks of mental excitement which impaired his strength and solidity. His despondency became so great that he was placed in an asylum. The imagination was very emotional ; his conversation was always upon the misery and suffering which he endured. He was always quoting his own poetry. At one time whilst in the asylum he was approaching convalescence, his mind seemed clear, but it was only momentary, and he relapsed again into his mental state of oblivion.

Moral Insanity (Edgar Allan Poe, 1811).—He was a child of actors, who both died in his infancy. He had great personal attractions, and a highly-strung nervous system. The author of *The Raven* was excitable and unstable, ill-trained, of fascinating disposition, grotesque, but living in the momentary delirium of hope and joy.

After the gigantic efforts of Burton in his *Anatomy of Melancholy*, the author fell a victim to that complaint, as we learn from the Latin epitaph on his monument in St. Freideswiede's at Oxford. Hood, who kept the society with whom he mingled always in laughter, was himself reserved and silent in society. Liston and Grimaldi, whose entrance on the stage was a sign for great and continuous laughter, were themselves melancholy men.

Carlini, the French harlequin, whose tricks produced convulsive merriment on the stage, once consulted a physician for melancholy. The advice given him was, "Go and see Carlini, he will make you laugh," the reply being "Alas, alas! I am Carlini." The effect of rapt attention on the mind is often followed by derangement of memory, of which there are many instances.

When we take into consideration the *genus irritabile* of Tasso, Alfieri, Rousseau, Johnson, Shelley, Cowper, Beattie, Chatterton, Schiller, Bloomfield, Scott, Coleridge, Southey, Lamb, Lloyd, Clare, Riddell, Poe, and Byron, whom I have described, and to whom may be added the names of Dryden, Cowley, Voltaire, Smollett, Pope, and Keats, we almost pity the penalties of mighty genius. Paganini, the great violinist, paid dearly for his consummate skill. He told a friend that he scarcely knew what sleep was, and that his nerves were wrought to such almost preternatural acuteness that harsh sounds often became a torture to him. He described his passion for music as an all-absorbing one, a consuming one: in fact, he looked as if no other life than that of an ethereal one of melody were circulating in his veins; but, he added with a glow of triumph kindling through deep sadness, "*Mais c'est un don du ciel.*"

William Shakespeare, although few know the fact, died in the meridian of his splendour of a foolish excess, as we gather from the MSS. diary of Mr. Ward of Stratford, an intimate acquaintance of the Lucys, the Cloptons, and the Coombes, who were Shakespeare's associates. This is recorded in his diary in the Library of the Medical Society of London, some

forty years after Shakespeare's death, and we read the following passage, "Shakespeare, Drayton, and Ben Jonson had a merry meeting, and, it seems, drank too hard, for Shakespeare died of a feavour there contracted."

Most of the hallucinations which occur in the poets assume two distinct forms—the allusions of bright visions, or those of Demonomania. If we examine the statistics as to the mortality of genius, we find that at the two extremities of the scale we have the natural philosopher and the poet; the aggregate duration of the lives of the former may be stated as being seventy-five and of the latter fifty-seven.

The mind of the astronomer especially, whose enraptured eye contemplates the "majestic roof fretted with golden fire," is carried far above the influence of human passion, and the collision of earth; and is not our mother earth a Moloch, by a thousand secret poisons sacrificing her own children? Herschel, Halley, and Newton were octogenarians.

But the labour of the poetic mind is a creation. To the Creator, a world, a universe, is but the work of a will, a wish, a *fiat*; to the creature, even the birth of a thought may be an overwhelming struggle, a convulsive pang of parturition. It is recorded of more than one poet, that they wrote their verses six times over; Alfieri writes: "All my tragedies have been composed three times." So careful was Virgil to revise and polish his poetry, that he compared himself to a bear that was constantly licking his cubs into shape. In some, however, we may observe such energy of mind, such firmness of brain, and such high moral temperament, as may come unscathed through

the trial. Sir Walter Scott was enabled, with impunity, to write nine volumes in as many months, taking still his prominent position in society; and Johnson, in seven years, compiled his gigantic Lexicon, and wrote *The Rambler*, with other minor compositions, and went through his routine of society daily. We are told, too, that he wrote forty-eight pages of the *Life of Savage* in sixteen hours. But even these labours may perhaps yield, in the sapping and mining of the brain, to the slavery of periodical literature.

I will now pass on to consider briefly some of the principal artists whose works have been handed down to posterity as great geniuses, but whose minds have given way. The saying, "Poeta nascitur non fit," is equally true with regard to artists; by practice, no doubt, they can acquire the art to a certain extent, but unless the genius exists their work will be nothing but commonplace. It is a very favourite occupation of the inmates of an asylum to make sketches of various design and originality. Many of these productions are the work of geniuses whose minds have fallen from their high estate, and very quickly you can detect in these pictorial epistles omissions of lines, unsteadiness of object, until perhaps a scrawl, scarcely decipherable, remains behind.

Moral Insanity with Hallucinations (Benvenuto Cellini, 1500-71). — This artist was superstitious and credulous, as well as irritable, impetuous, and imaginative. It is believed that his highly-wrought and inflammable fancy led to his great exaggeration in the mystification of commonplace circumstances, and to the confession of crimes. He became impressed with the delusion that some murderous design had

been formed to destroy him, and that the means devised were the administration of diamond dust, which would secretly and gradually accomplish its purpose in about five months. At one period of his life he was accused of embezzling jewels, which had been placed in his keeping, and he was sent to prison, where he was confined in a miserable dungeon. Whilst there he made an attempt at suicide, breaking his leg in his effort, and whilst in a condition of insensibility, and to all outward appearances dead, he was visited in his dreams or delusions by a beautiful angelic youth, who reprimanded him for his desire to die, and thus mutilate the body given him by God, and persuades him to escape from the destiny appointed for him. From this time a change takes place, and he is haunted chiefly by religious hallucinations. He never recovers his mental reason, though many of his works were painted after this time, and he dies a victim of suspicion, a hypochondriac, being an illustration of the union of genius, depravity, and delusion.

Monomania with Delusions of Persecution (James Barry, 1741-1806).—As a boy he was a truant, and acts of infantile felony were reported against him. He squandered his money, was perverse and stubborn, and his peculiarities of dress were manifest. Notwithstanding his oddities, inflexible temper, and somewhat repulsive manner, he was regarded by his companions as a prodigy of learning. The first intimation of his special vocation was the etchings in a volume of tales. The more public and picturesque disclosure of his ambition and powers occurred in an attempt to exhibit a picture of *St. Patrick's Landing*

on the Coast of Cashel, in the Dublin Institution for the Encouragement of Art, which produced so striking an impression upon its admirers that the name and appearance of the painter were demanded, who stood forward, a poorly clad and humble boy, and bearing such traces of his actual condition that his claim was discredited, and he rushed from the room burning with shame and bursting into tears. This affecting incident was witnessed by Edmund Burke. "There is a tide," says a great psychologist, "in the affairs of men"; there are epochs, I say, in the history of all erratic men, utterly inconsistent with the modern doctrine of the regular evolution of the mind, and with the permanent localisation of faculties, formerly so generally believed in, but which cause the essential elements of character to stand out in bold and painful relief. The climax now alluded to powerfully influenced the career of Barry. He became subsequently, and for a long period, deeply indebted to the friendly countenance and pecuniary aid of the eloquent senator, and was by his means supported during his early studies in London, and was subsequently sent to Naples and to Rome. His destination to the latter school was, in part, determined by the remark of Sir J. Reynolds that, in order to gratify his ambition of becoming an historical painter, he must live in the Sistine Chapel. He passed many studious days amid the glories and triumphs of Raphael and Michael Angelo. He appeared disappointed, and questioned their ability. He was irritable and hostile, and engaged in rash controversy and quarrels, rarely if ever agreeing with any one. His temper was violent; he was miserly, and had to pay the penalty of this by being robbed to

a considerable extent. He held the appointment of Professor of Painting at the time, and he accused his brother academicians of the robbery, in consequence of which he was expelled from the Royal Academy. After this he produced his most famous production, *Pandora*. He was a great friend of Edmund Burke, the senator. Of his latter days the poet Southey writes: "I visited Barry in his den; he wore at that time an old coat of green baise, but from which time had taken all the green that his paint and dust had not covered. His wig was one which he might have borrowed from a scarecrow; he lived alone in a house which was never cleaned, and he slept on a bedstead with no other furniture than a blanket nailed on one side. I wanted him to visit me. 'No,' he said, 'he would not go out by day, because he could not spare time from his picture; and if he went out in the evening, the academicians would murder him.'" In this solitary, sullen life he continued until he fell ill, very probably for want of sufficiently nourishing food, and, after lying for two or three days under his blanket, he had just strength enough left to crawl to his own door, open it, and lay himself down with a paper in his hand, on which he had written his wish to be carried to the house of Sir A. Carlisle, in Soho Square. There he was taken care of, and the danger from which he had thus escaped, seems to have cured his mental hallucinations. He cast his slough afterwards, appeared decently clad, and in his own grey hair, and mixed in such society as he liked. He was a compound of morbid tendencies and distinguished talents and tastes, and if his mental condition had been adjudicated upon by a Commission of Lunacy he

would have been found of "unsound mind and irresponsible," but at the same time there would be an admission of the fact that he possessed abilities denied to the wisest and best of his fellow-men.

General Paralysis (Edwin Landseer, 1802-73).—It is instructive that the best established illustrations of the hereditary transmission of qualities should be afforded by mental disease and mental distinction, by mental capacity or incapacity. It is not incumbent here to demonstrate either the real existence, the origin, or the laws of the descent of mental or physical qualities. Public and professional opinion have declared strongly in favour of the belief that health or disease, in various aspects or degrees, may pass from sire to son through many generations, and even for centuries. He would, indeed, be a bold disputant who could deny the probability of such a hypothesis, when the genealogy of such a man as Sir Edwin Landseer is presented to his notice. It would appear that this gifted genius represented, either directly or collaterally, by consanguinity of family connection, a long succession of distinguished engravers, whose work and fame could be traced back for nearly three hundred years. It is true that the transcendent eminence of our countryman was achieved by the brush rather than the burin, by painting chiefly and not by engraving; but the investigations of Galton justify the opinion that it is the general power, play, or inspiration of imagination which is handed down, and that its special direction or application is determined by the mental constitution, the education, or even by external circumstances. That Edwin Landseer was not deficient in the family talent and characteristic, was proved by

several successful essays in engraving executed in early life, but that his predilection for painting was called into existence, even before these attempts were made and almost in infancy, is demonstrable. In precocity, Sir T. Lawrence somewhat anticipated him ; as it is recounted that this prodigy could declaim in eloquence, and could execute correct likenesses when five years old. As in other instances of a powerful inherited tendency, Edwin Landseer was precocious, and it is narrated that so soon as his tiny fingers could hold a pencil, he was led or allowed to go into the fields to sketch the sheep that pastured there, and that his drawings were executed with wonderful fidelity. This occurred when the child was five years old, and the spot consecrated by these efforts of infantile genius can still be pointed out, and still contains an old stunted oak-tree, under the shade of which he sat, but which his hand does not seem to have immortalised. The locality has been identified from information derived by W. Howitt from the artist's father, but is now perhaps covered by some of the stately or unsightly piles of houses by which the metropolis is rushing into the country. From this, the beginning of his career to its close, he imitated or anticipated the principle and practice of his friend, W. Hunt, in copying invariably from nature, even when a pin was the object. The ordinary, or even commonplace objects selected, afforded great facilities for carrying this golden rule into effect, as his first essays—and some of them were excellent—generally embodied the heads of hounds, asses, and other domestic animals. Subsequently, as a boy or lad, he frequented Exeter Change in order to study the features and manners

of the lions, but as a child his aim was less ambitious, and it is interesting to note that he etched one of his own productions, the head of an ass, when only eight years old, thus outstripping in prematurity his great parallel, Lucas Van Leyden, who etched designs of his when only nine. About the same period, Edwin Landseer painted a terrier with a rat in his mouth, which was sold for what was then esteemed the magnificent price of sixty-eight guineas, but which would now secure treble that amount. Even when still a boy, and when scarcely recognised as having attained the full stature of an artist, his prolificness was extraordinary, and copious catalogues have been made out, ranging from a stag's head to dogs and rabbits, which must have been painted when he was about twelve. The number of pictures, of almost priceless value, which he perfected with a facility peculiar to himself, are so far explained by his extreme rapidity of execution acquired by severe study, incessant practice, and the sameness of the subjects embraced. The brief time consumed in the production of his works has been exemplified by his having completed a full-length portrait of a noble lord at a single sitting, and a characteristic group of some of his favourites within the time of morning church service. It is likewise probable that his training under Haydon, who instructed him not only in the physiognomical peculiarities, but in the anatomical structure, and consequently in the movements of the objects of his study, may have contributed largely to the celerity with which he committed his conceptions to canvas. Having first secured much admiration for his representation of a St. Bernard dog, he became an exhibitor in the Academy when thirteen

years old, and from this time throughout his life, his works appeared in rapid succession on the same walls, or on those of the British Institution. The efforts first exhibited were pictures of a mule and a dog, and at once attracted attention, or rather commanded the admiration of competent judges. But not only was the public taste appealed to in these galleries, but multitudes of his productions were sold and circulated to connoisseurs and patrons, ever rising in rank and affluence, and ever offering rewards, in his modest and uninstructed eyes often excessive, but ever in their increasing magnitude keeping pace with his fame and the fertility of his genius. But his reputation was widened by the distribution of engravings of his performances, inserted in sporting and other magazines, among classes which otherwise might have been excluded from becoming acquainted with his triumphs in a popular department of art. To the ability of his brother (who likewise possessed the merit of introducing to Englishmen the works of Rosa Bonheur) in engraving many of his finest pieces, he was indebted for the almost universal knowledge of his performances; for it should be remembered that even to the present day vast numbers of our countrymen have never seen even a drawing by Sir Edwin Landseer, but are familiar with *Bolton Abbey* and similar plates. It would appear that at a certain stage of his career a cloud passed over the sunshine which seemed to surround the most trivial display of his powers, by his failure in certain portraits, and his attempt to diverge into objects by the introduction, for instance, of a hat and gloves into a composition more congenial with his recognised style and taste; an

attempt which originated and caused a violent controversy. But this dispute aided rather than arrested the current of general approbation, and he is found, even as a youth, adventuring upon large pictures, and producing lions and animals of similar proportions. Contemporaneously appeared from his hand the *Larder Invaded*, for which he received from the directors of the British Institution the premium of £150; the *Cat's Paw*, with an estimated value of £3000; the *Prize Calf*, calculated at £1890; and *Two Dogs*, which rose in price from £300 to £2415. I have traced this original genius almost from birth to the most eventful and brilliant period of his career: it would be tautological and tiresome to enumerate here the description, even the names of those works which rose under his hand, rendering his name a household word, and his creations, shrines, in almost every hall and hut in the kingdom. In the first stages of advancement the subjects chosen were almost exclusively domestic animals placed in familiar circumstances. To a citizen almost imprisoned in London such a choice was natural, but his feelings drew him in the same direction. He not merely admired animals and studied their ways and character, but he loved them intensely. They were to him companions, intimates, relatives, and by that sympathy and reciprocity of affection which establishes a sort of kinship and understanding between the two species, the tie of love and confidence seems to have been mutual. So that from the almost historic Brutus to the veriest mongrel which he has committed to canvas, it is evident that Edwin Landseer was not merely the painter but the deity of the animal. Further, it has

to be remarked that his success and fame were built up on his exquisite representations of their humbler models, and that he became an academician, a celebrity, in virtue of such pictures as the *Cat's Paw*, rather than of the development of his abilities in what may be esteemed the highest range of his imagination. This flight occurred subsequent to a visit to Abbotsford where, as has been said, he was sure to get on well with "the author of *Waverley* and *The Doggies*." His beautiful preservation of *Maida*, so intimately connected with the writings and private life of Sir Walter Scott, may be held as the commencement of his new or romantic style of painting, in which stags and hounds, deer-stalking, the wild scenery amid which the game is pursued, and the animating incidents which attend the life, the manners, the death of the king of the forest, and of all the other kinds of game in the Highlands, take the place formerly engrossed by curs of low degree. As works marking this epoch may be mentioned, the *King of the Glen*, the *Chief's Return from Deerstalking*, the *Challenge*, the scene where a deer and a hound are precipitated over a cliff, the latter being saved by an aged stalker. This view rises almost into the region of historical painting; the drawing is dramatic, and reveals a romance as well as a glimpse of the mountain and the flood and their inhabitants. While of independent mien and moral bearing, Sir Edwin Landseer stood in a peculiar relation to his father, who for a long period acted as his guide, guardian, and factor, not merely acting for him, but in many circumstances apparently thinking for him. They loved each other, but the son evidently regarded his parent with awe and diffidence,

and, although reluctant to separate from him, must have lived in a kind of subjection or tutelage. Ultimately he formed a distinct establishment, more ample and suitable than the obscure corner to which he had formerly been confined. He there saw and entertained his friends, formed new connections and attachments, and greatly enlarged his circle of acquaintances, both within and beyond professional limits; but of his intercourse under his own roof it is not my object to speak, nor is it necessary to say more of his mingling with general society, than that his world-wide fame, his elegant person and manners, as well as his amiable disposition, brought him into contact and personal friendship with the highest and noblest in the land, with those who were gifted with lofty position and bearing, with knowledge, or wisdom, or virtue. At many points his association with the upper and polished ranks might afford illustrations suitable to the present purpose, but I shall be content with one, as it affords a curious proof both of manual dexterity and what may be called duality of will and constructive power. While present at an evening party of the upper ten thousand, an idle observation was hazarded, by an empty-minded lady of distinction, as to the impossibility of doing two things at once. He accepted the remark as a challenge, when he said, "Oh! I can do that; lend me two pencils and I will show you." The pencils were got, a piece of paper was laid on the table, and Sir Edwin, a pencil in each hand, drew, simultaneously and without hesitation, with one hand the profile of a stag's head and all its antlers complete, and with the other the perfect profile of a horse's head. Both drawings were full of energy and

spirit, and although, as the occasion compelled, not finished sketches, they were, together and individually, quite as good as even the master himself was accustomed to produce by one at a time, and with his right hand alone; the drawing by the left hand was not inferior to that of the right. We have all been apprised by popular rumour that Sir Edwin Landseer died of one of the neuroses, and details are not wanting of the progress of the calamity; but the precise signs or symptoms of the decadence and of the sad end have, I think, with commendable feeling and delicacy been withheld; and a veil has been drawn between the gradual culmination and the public gaze. Imitating the course adopted by his biographers, and adopting their words, I shall now close this psychological sketch:—"A *Kind Star* illustrated a Highland superstition, but in such a manner as proved that the designer's mind was not in its usual fine tone when this work was conceived. The superstition is that hinds are under the protection of beneficent stars; a hind lies dying on the banks of the lake. So far nothing could be said; but the introduction of a spirit with a star in its hair to bend over the poor beast was of quite another order of invention. The production of this idea was the first decided sign of decay in the powers of our artist. Those who owed him so much delight for so many years past stood aghast before it. Some of these tried to ascribe its exhibition, and even its production, to obedience to some unfrequent impulse—deference to some inferior mind, subservience to some vulgar taste. However this might be, there, unfortunately, it was.

"So far the critic and the writer see no reason for

changing their opinion of this masterpiece of Sir Edwin's—*Flood in the Highlands*. If it was not his finest work, it was at any rate his culminating one. He painted none which was nearly so good afterwards. Indeed, even before this picture was finished, the painter, always a man of nervous susceptibility, had hints of no mistakable kind that the human mind, and the body which surrounded it, are mortal. He was constitutionally subject to nervous depression, but these attacks had accumulated force as years went on with him, and threatened the end, which came at last with all its painfulness. We remember him during the painting of this picture, especially on the Tuesday before it was sent to the Academy—he was then putting a few last touches on the huge canvas. He looked as if about to become an old man, although his years by no means justified the fact. It was not that he had lost activity, or that his form had shrunk, for he moved as firmly and swiftly as ever; indeed, he was rather demonstrative in this matter, stepping on and off the platform in his studio with needless display, and his form was stout and well filled. Nevertheless, without seeming to be overworked, he did not look robust, and he had a nervous manner, remarkable in so distinguished a man, one who was by no means unconscious of himself, and yet, to those he liked, full of kindness and genial in an unusual degree. Even in 1867 there was little outward change, although not long after that date the attacks occurred with fewer and briefer intervals. These intervals caused the reports, which flew about in the terms: 'Sir Edwin is better'; 'much better,' as some would have, and, anon, 'much worse,'—as many said.

"The closing years of Sir Edwin's long, otherwise not unhappy, and generally laborious life, were darkened in the manner we have already indicated, rather than described. He died on the morning of 1st October 1873, and was buried in St. Paul's, with honours, on the 11th of the same month."¹

A friend has reported that when visiting this great animal painter he found him on his death-bed, supported by pillows, but as busily engaged and interested as a tremulous hand permitted in drawing. The subject purported to be *The Death of the Prince Consort*; but—"the ruling passion strong in death"—he devoted his last touches to a dog which was to form one of the sad group. I do not know whether this expiring effort was ever finished, nor in what state it remained if unfinished.

Hallucinations of Demonomania and Strength (William Blake, 1757-1827).—An artist of considerable fame, he was also a poet, and his compositions were innumerable, leaving behind him one hundred MSS. for publication. He was regarded by his many admirers as the equal of Shelley or Byron. He suffered from hallucinations, and being invited to Brighton to illustrate his edition of Cowper, he was met on the Downs, in his own imagination, by the spirits of Dante, Virgil, and Homer, whom he describes as coloured shadows and with whom he held high converse, watching the fairies and their funerals, and all the milder and gentler forms of demonolatry. For some years he had sighed for an interview with Satan, whom he had considered to be a grand and splendid spiritual existence, and whom he ultimately alleges he

¹ *Memoirs of Sir Edwin Landseer*, by F. G. Stevens, 1874.

saw as he was going up the stairs of his house, in his mind's eye, the fiend glaring upon him through the grating of a window, when his wife, conceiving that he was suffering from one of his poetical hallucinations, induced him to execute a portrait of his infernal visitant, and in consequence of this vision he conceived the idea that he had abnormal strength, and, whilst suffering from this delusion, he attacked a soldier, and was tried for high treason. Many of the critics of the time described him as eccentric, another as visionary, a third as an enthusiast, a fourth as a superstitious ghost-seer; but that he was mad they had not the slightest doubt.

Suicidal Madness (Benjamin Robert Haydon, 1786-1846).—As a boy he was self-willed, animated by paroxysms of ungovernable rage. He exhibited in the Academy in 1807. His first picture, of decisive merit, was entitled *The Flight into Egypt*, but the works upon which his reputation rests were *Macbeth*, *The Judgment of Solomon*, *Christ blessing the little Children*, *Lazarus*, and *Jerusalem*. He committed suicide, and the coroner's jury found he was of unsound mind when he committed the act; such was the verdict of twelve of his countrymen who knew nothing of his misfortune—the disappointed ambition, and the misapplied talent of the man of genius on whom they adjudicated.

Dipsomania and Moral Insanity (Joseph Mallord William Turner, 1775-1851).—He was the son of a barber, of narrow means and narrower mind, who is said never to have commended his child, except for the saving or hoarding of a halfpenny; his mother was of a fierce temper and passions, which ripened into maniacal fury, necessitating her confinement in Bethlem Hospital.

He seems never to have had boy's inclinations, and we hear little of the pranks of merry mischief-making childhood, or of the precocity which foreshadows fame. He was so imperfectly taught that he grew up a waif and a starveling, not merely in all kinds of knowledge, save one, but in the everyday acquirements of even the uneducated. He could never spell, but his defective orthography was equalled by that of President West. He could rarely write lucidly, or even intelligibly, in his own language; and it is affirmed that although many of the clauses of his last testament were reversed upon public grounds, or because they were impracticable, other provisions were passed over or negatived because the terms of the bequest were incomprehensible. His early home was, if not poverty-stricken or positively sordid, as may be apprehended, very humble; but in one of its apartments he contrived to immure himself in order to prosecute his favourite occupations, refusing access to all applicants, and concealing the work upon which he was engaged; thus, at a very early age, displaying the love of seclusion, the suspicion and secretiveness, which, with slight modifications, marked his whole life and even his death.

He was observed, when young, to trace figures with his finger on a wet tea-tray. This incident, and a drawing attempted when nine years old, probably suggested to his parents whatever subsequent direction may have been given to the lad's pursuits, and the choice of that style of training which he actually underwent. At once unselfish and discriminating, the father taught the boy reading, but not writing; sent him to school for a brief period, devoted a legacy

which had been bequeathed to him in order to secure the instructions of a trustworthy architect, instead of placing the boy under the tuition of another, who had offered to take him gratuitously. It would appear that shortly afterwards, but not until the pupil had imbibed that taste for architectural drawing which long influenced his productions, he is found in the school of a floral drawing-master, then under a perspective draughtsman, then as a member of a drawing-school, and ultimately affiliated with the Academy. In all likelihood, however, the most efficient cultivation and growth of his powers were the outcome of his spontaneous efforts in his garret, where he threw off drawings, which, whatever might be their demerits, were exposed for sale in the windows of his father and others, found ready and numerous purchasers, and contributed, it may be, the nucleus of that vast accumulation of property—it cannot be called wealth, as he never enjoyed it, or even expended it—by which he vainly proposed to immortalise his name, his individual distinction, and the importance of his art. While improving his manual dexterity in his secret studies, and in the curious manipulation of lines, scratches, and blots, which are asserted to be the legerdemain of his art, it may be believed that his love, his admiration, of external nature, contracted and cherished as it at first was by rambles in the purlieus of the Metropolis, promoted and perfected the education of his imagination more than any other agency, although the companionship with the pure and the beautiful was at all times greatly disfigured by the carnal and corrupt elements of his nature. Many of his glimpses into the phenomena and beauty of the

external world were obtained incidentally while in prosecution of his favourite, all but fanatical, partiality for angling. In fishing he was an adept, and although provided with the rudest of trouting gear, as much of a zealot as Izaak Walton. To the gratification of this passion may be attributed his fine series of landscapes, *The Rivers of England*. But streams and ripples, and pools and reaches, and romantic scenes, were not needed to minister to his indulgence, for he is depicted as seated during a whole day on the margin of a pond, under an umbrella, to protect himself from the rain, which descended in torrents, with his feet upon a board for further protection, perseveringly devoted to the capture of wretched perch and carp. But with advancing years these opportunities of developing and cultivating his powers were greatly increased by pilgrimages to Scotland, France, and Italy, really in search of the picturesque, from which he gathered at once copious contents of portfolios, to be utilised and retouched in the future; but likewise that familiarity with the lights and shadows, with the forms and aspects of the countries through which he passed, which ultimately became one of the many characteristics of his art. A popular opinion has prevailed that Turner possessed intuitively, or acquired, a special capacity for penetrating into the secrets of nature; that the results of this intuition were discoveries; and that his marvellous management of the effects of contrasted colours, and his production from the slightest and least promising materials signal and novel features, even in commonplace objects, should be traced to a gift, an innate talent, and not to the real sources of his success, the true and correct perception of which he saw, and

the idealisation of what he felt; of the impressions, in short, imparted to his imagination. To the stimulation and exaltation of this single faculty all his energies were incessantly directed, and all his acts, arrangements, ambitions, contributed, to the exclusion of other and ennobling emotions, sentiments, and trains of thought. This mono-ideaism, this worship of the Sun-God or of his rays shed upon the earth, animated him, not merely when among the mountains of Switzerland, or in his studio when consigning the outlines and effulgence of these mountains and their corresponding lakes to his canvas, but in his everyday life when contemplating a modern mansion or mausoleum, and survived all other considerations and ties. On the very verge of death his choice of a dwelling fell upon a shabby cottage, so situated that it commanded a view of the sunlight on a river, and so constructed that from its flat roof he could witness, and did witness, until his eyes closed in darkness, the glories of sunrise. It is remarkable, when the intensity and elevation of his admiration of nature in her grandest features and attitudes is analysed, that it did not pass into adoration, and that the devotee did not create for himself a faith, a religion, a worship. But that he never reached even to Paganism may become explicable, when it is understood that he seems to have remained ignorant of the laws and revelations of God, of the dictates and duties of even worldly morality, and of the highest, the happier, and holier instincts, supports, and aspirations of the human heart.

The most propitious event in his youth was his pupilage or association with Sir Joshua Reynolds, to whom he was much indebted for the practical details

of a high and attractive style of painting ; but deeper and more inspiring impressions were imparted by his study of works by Vanderveldt and Claude, and of water-colour drawings by English masters, with whose modes of execution and successful achievements he maintained, it is affirmed, a prolonged and imaginary warfare in competition or in imitation, or in fathoming the depths of their dexterities and beauties. Of his proceedings as a student in the Academy we know little, but in manhood and in old age, and perhaps in youth, it was his only source of happiness, his home, his altar, where he sacrificed his life, his love, his labours ; whose members were, with one exception, Lord Egremont, his only familiars and friends ; and the dinners and lunches held there were the only means of hospitality which he prized or enjoyed. It may be surmised that these festivities proved a snare to an individual who shut himself out of society, who was by nature and training solitary ; who is described as hiding himself, because he could not mingle with his fellow-men on terms of equality ; who could not converse, and who spoke only by his brush ; and ministered to a craving for stimulants originating elsewhere, but indulged in and encouraged it as a mere coarse propensity, or as a stimulus to prompt or rouse his flagging or fatigued imagination. It is said that during his daily and long-protracted routine of painting in his gallery, he kept beside him, and so far depended upon, a bottle of sherry, the filth and ugliness of which disgusted his visitors more than the pernicious effects of its contents. It is likewise said that when going to sea with fishermen in order to note the features and caprices of the waves and clouds, for he was indeed a

“cloud-compeller” as well as a Pantheist, he carried with him a flask of gin, that he might see or feel under an excited nervous system. A cloud of witnesses, moreover, deposed that, even upon what are called varnishing days in the Academy, he was visibly under the effects of wine, and often kept a decanter of sherry while engaged in correcting or improving his pictures, or when, as often occurred, commencing and completing a production already hung on the walls of this Pantheon, although only in outline; and lastly, in remodelling, or retinting a finished work in order to counteract, or, when in an amicable humour, to enhance, the effects of the surrounding specimens of art exhibited. Towards the meridian and evening of life this destructive habit, with the debasing concomitants with which it is invariably accompanied, obtained a mastery over prudence, sound taste, and whatever principle may have from time to time influenced his contracted mind and conscience, which have been rashly pronounced by an analyst as “less than human”; for when his weekly toil, or what was to him his delightful pursuit, was brought to a close on Saturday, he thrust a five-pound note into his pocket, rushed to some of his vile or vicious haunts in Wapping or Rotherhithe, and there wallowed in mad or maudlin gratification until summoned by his better genius to exercise his heaven-born gifts. These repulsive narratives are not given that the Bacchanalian may be condemned or moralised over, but as symptoms of disease, as indications of brutal appetites, which could not be controlled, and which simultaneously betrayed and fostered that lack of self-control, intellectual resource, and native dignity, which may be

detected in almost all his manifestations unconnected with his professional instincts and faculties. But the Academy conferred upon him greater benefits and advantages, if such they were, than consociation and conviviality. It was to him a palatial residence, enriched and ornamented with what he regarded as the most beautiful and precious objects in the world. To one whose paternal home was obscure, penurious, and unsuggestive, and whose nominal residence in St. Anne Street was a dark, dingy, dirty, and fourth-rate workshop, undusted and unwashed for years, and presenting, except on the walls of the picture gallery, unpleasant evidence of neglect, desertion, and dilapidation, the large and lofty and cheerful saloons of the Academy must have proved cheering, even exhilarating. Yet in this dark and dingy den, as it has been called, were afforded traces of redeeming qualities; occasionally a beggar was spasmodically relieved, on its portal lay a pampered pet cat, and in one of the deserted rooms, furnished from a pawnbroker's, was a large menagerie of cats protesting in favour of his reputed love of animals. This temple of art, the Academy, must have served to him as a club, as the chief point at which he came into contact with his fellow-men, as a school for thought and information, yet he was deplorably ignorant on common topics; but neither here nor in his studio, where he laboured incessantly and promptly, but where he was never seen at work, manifesting little or no preparatory cogitation, nor the restlessness nor indecision of incubation, could he be said to have lived. In fact, his most prized allies had no conception of his exact abode, and at last he disappeared altogether, literally leaving and taking precautions

that he should not leave a trace behind, and was accidentally discovered on his death-bed. His absence was not caused by the pursuit of either art or amusement. It may have been connected with certain of his immoralities, but it is a sign of that morbid self-absorption and secretiveness which marked and marred his whole career. His preference of solitude, his coldness and repulsiveness even to his peers, his self-negation, his spirit of mental masquerading when he concealed his identity and resorted to impersonation, by repeatedly representing himself to the same person as being a Master in Chancery. But in addition to intercourse with kindred spirits, he owed to the Academy all the insight into literature which he ever obtained. His intimates are confident that he never read any other book more closely and carefully than Ovid's *Metamorphoses*—that from this source flowed many of his inspirations. But although this effort of one who has been distinguished as the "dumb poet," as being able "to think only with his eyes," as well as other writings, exhibits great ignorance of his own language, he is reported to have attempted a speech; to have enjoyed animated and controversial discussion, when confined to art or collateral matters; even the prattle of children, of whose presence and manners he was tolerant, if not positively fond, in strange contradiction to his repulsion and rudeness towards all except those belonging to his own speciality, and even to relatives, whom, however, he may have suspected of sinister and greedy expectations. His feelings were at all times roused by appeals to pecuniary considerations, recalling the economy and penuriousness which may have been at some time imperative, but which

was undoubtedly an hereditary moral taint. Instances are met with in his transactions of his squabbling over a few shillings, the price of a packing-box, at the very time he was accepting the liberal, perhaps lavish price of one of his pictures. One of his associates, more disposed to sneer than to compassionate, gave, as an example of his generosity, that Turner upon one occasion paid the halfpenny toll at Waterloo Bridge for him. Were this tale and its obvious inferences substantiated, it might be counterbalanced by many anecdotes of self-denial and kindness, chiefly to associates, and especially in rendering manual or mechanical advice or assistance in the completion and hanging of their paintings. It is not necessary here to deal with his discharge of the bills of symposia or orgies with his fraternity, as it might find an explanation in his excitement caused by wine; but I desire to mention his splendid donations of £20,000 and £5000 to friends or patrons whose resources were at the time exhausted, and of £300 to an individual who had explained to him the mysteries of the Daguerreotype. It must be confessed that these acts have been doubted, or where admitted they have been denounced as loans, as investments, where there was a certainty of repayment, if not of gain. But even recognising these transactions as emanations of gratitude, it is suspected that they may have been dictated by that combined meanness and munificence which has been detected in diseased and contracted minds, where a momentary, perhaps a sinister, impulse may override or overturn the habits and motives which regulate conduct, even in rejecting the tributes and triumphs offered to his genius. When he received two offers of

£100,000 for his works hoarded in Queen Anne Street, and £5000 for his two pictures of Carthage; and, above all, when he was waited upon by Mr. Griffiths, on behalf of a distinguished committee, among whom were Sir Robert Peel, Lord Hardinge, and others, with an unconditional offer for the purchase of his whole collection on behalf of the nation; while it is possible that his prompt rejection was connected with his cherished projects of erecting a retreat for decayed and disabled members of his own guild, and of erecting a monument for himself in St. Paul's, we can likewise see in it that appetite for hoarding, that tendency to keep whatever has belonged to the individual, whatever has been made, touched, or coveted by him, displayed by many lunatics and by many others who are not insane. It is narrated that he disputed with a shopman in order to repossess himself of a scrap of paper which had been attached to one of his parcels.

Mr. Tremblay, the flower painter, who lived in a needy condition, and was supposed to be poverty-stricken, was found on his death to be in possession of a trunk which was filled to the brim with gold coins, chiefly of the reigns of Napoleon I. and Louis XV.; but, as a numismatic collector, would have undergone the severest privations rather than part with one of his treasures. In like manner, Turner felt the pang of a parent parting with a child on disposing of a picture, declined to sell many, bought back others, and although he has been accused of raising the price of those exposed to auction by proxy bidders, it may be surmised that his object was to enhance his reputation, or even to defeat an appreciating customer. It

is certain that his retention of so many household gods around him cannot have been for the purpose of admiring them, as very many stood with their backs to the light in his gallery, and covered with the accumulated dust of scores of years. Indeed, so prolific was his imagination and powers of production, that it cannot be believed his Polytheism extended, in memory even, to a portion of the objects of his solicitude and worship, as, in twenty years alone, eighty of his pictures were exhibited in the Academy, and, in the same time, 500 engravings were published from his drawings. It has been the fashion with the followers and partisans of this great leader to express sympathy with him as an unfortunate, disappointed, ill-used man. With this estimate I cannot agree, as, apart from the possible hardships of his youth, his own misdoings and misadventures, his unfruitful love passages, which are purely conjectural, and the non-recognition of his claims to the Presidential Chair of the Academy, which, however, it is confessed that he was both by mind and manners ill-fitted to occupy, there is little to mourn over in his lot. He was, in truth, eminently favoured and fortunate and successful; he created surroundings in keeping with his tastes and tendencies. He was the idol of all who could appreciate his powers, even of those whom he shunned, repelled, and insulted. He accumulated the enormous sum of £140,000 in cash, apart from the value of his property in pictures; and he had attained to the very pinnacle of human fame and glory. His decline, both in the exercise of his talents and in his frame and health, was gradual and palpable to the few with whom he latterly came into contact. He disappeared for

months, and is supposed to have become more and more addicted to stimulants, and died in an obscure suburb under the pseudonym of Admiral or Puggy Booth, conferred by the gamins of the street, but not repudiated by himself.

Moral Insanity (George Morland, 1763-1804).—Suffered from moral insanity. There is a history of an uninterrupted course of debauchery, wretchedness, and squalor, until, ruined in health and in purse, he died at the age of forty-two. He was the son of a painter of some talent. He painted in all upwards of 4000 pictures, and he had great fertility and facility in the reproduction of his favourite haunts. When but a youth, he became the victim to every form of dissipation and defilement, and chose as intimate associates prize-fighters and men of low degree. It has been said of him that, though he died unhonoured and unsung, and that while the man was utterly forgotten, his works are still valued and valuable.

Congenital Cretinism (Gottfried Kund, the cat Raphaël of the nineteenth century).—He belonged to a Cretinoid family, and was of a low type. He is described as a queer, roundabout manikin with a large, pyramidal head, thatched with long masses of hair, an oval face, small round eyes, widely separated, a short, squat body with a vast paunch, resting upon dwarfish legs, which almost described semicircles. His chin was globular, but unbearded; his thumbs and fingers were rounded knobs, and in front of his throat and pendulous over his breast hung a tumour of more life-like colour than his sallow cheeks. Neither this goitre, or bronchocele, nor rachitis is an invariable sign or concomitant of the physical deterioration, although

the former is so frequent that glandular swellings have been observed in the lower animals. It is understood that Gottfried Kund was deaf as well as a dullard; he spoke little and inarticulately, and exhibited few manifestations even of natural language, except in connection with his favourite and famous pursuit. Yet to this decrepit and imperfect creature might be applied the epithet used by Dr. Johnson in speaking of Goldsmith, that he was "an inspired idiot," that he possessed powers almost unrivalled or unequalled, but exercised in so narrow a circle as to betray their morbid origin. He loved, and lived with, and painted cats from the time he was a child until the time his Memoir was written, when he was thirty years old. He drew thousands of these creatures; he scratched figures like theirs with flints upon the rocks and the ice almost as soon as he could walk. There were cats in sorrow and in anger, sensible and foolish cats, cats of character and imbecile cats, and even a cat with a goitre, but all bore a strong though faint resemblance to a typical cat, which was in all probability the first which had arrested his early perception. His works are still found in the galleries of Dresden and elsewhere. His nervous system was most deficient, and though everything was done by training and disciplining, it failed to remove this state of affairs. Notwithstanding all this, there was the genius which I have already alluded to. It was surmised that he died at Berne in Switzerland, to which place he had gone to fraternise with the bears, and to dispose of his pictures.

The very infancy of genius is often marked by eccentric behaviour. Michael Angelo was considered

a divine madman, whilst Oliver Goldsmith was designated as an inspired idiot. The eccentricity of genius often evidences itself by a mere abstraction, a sort of brown study, in which the mind is so absorbed with the intensity of its creation. The stories extant of Pliny, Archemides, and Newton are illustrations of this passive eccentricity, this reverie of genius. It is no wonder that hallucinations of seeing, or illusions, should form such a prominent characteristic in genius, inasmuch as the workings of the imaginative mind are but one continued and protracted course of ideal creation. Shakespeare has affirmed that the lunatic, the lover, and the poet

“Are of imagination all compact.”

The solemn figure which induced Mozart to write the *Requiem*, which was first, indeed, chanted over his own grave, was doubtless but a phantom of his own creation. The etiology of monomania and of its converse, “folie raisonnée,” are of deep interest, as they occur in contemplative or scientific minds. The questions might illuminate each other; as in the one there seems to be a mad point, and in the other a sane point in the brain. In the highly intellectual mind we are presented with a dark spot or phantom, in a maniacal brain we may sometimes observe a lucid spot, from which may emanate one of the higher faculties of the intellect. Some of the ablest articles are frequently written by inmates of lunatic asylums, and I have seen some of the most ingenious inventions emanating from the brain of a lunatic whilst in confinement in an asylum.

Having described the creative genius of the poet

and the artist, and its connection with madness, I now pass on briefly to consider that of the actor, whose art is equally as great and imaginative as either of the others. There are, at the present day, according to statistics which I have before me, 13,717 male, and 5192 female persons engaged, directly or indirectly, in the drama. The yearly number of actors, taking an average of the last five years, who have gone mad are thirteen males and nine females, and, I think, taking everything into consideration, that this may be considered to be a small one.

It has been a much debateable question as to whether the constant performance of the same character, night after night, might not act detrimentally on the brain, but there are a few of such cases on record. To impersonate a character correctly is of the greatest interest, and the continuance to depict the same character in some cases might act injuriously on a nervous system predisposed to mental disorder. The actor, for the time being, sinks into a condition oblivious to everything, except the part he is representing; he forgets his personal identity, and is converted into the ideal which he is for the moment, and thinks, feels, and acts in a manner in which he conceives the original would have done. Of course there are times when the impersonators of characters become, to a certain extent, automatic, and go through their part artificially, whilst at others they become the creatures of their own imagination. Macready used to say that on one night he played, or attempted to play, Macbeth, whilst on a subsequent night he succeeded, because he was Macbeth. When superficially analysed, this capacity to identify an actor with

passions or feelings seems to consist in the exercise of that faculty which controls and conceals the personal thoughts and tendencies, and substitutes for them the manifestations of another character. The most marked feature of such a power is an instinctive tendency to conceal our thoughts and emotions, and to impress upon others thoughts altogether distinct and inconsistent with what might be expected to be presented to the consciousness of the actor.

According to Sir Walter Scott, when Napoleon conceived himself to be closely observed, he had the power of concealing from his countenance all expression, save that of a vague and indefinite smile, and presenting to the curious investigator the fixed eyes and rigid features of a marble bust. But there are more profound, and what may be styled transitive states of this metempsychosis, which, to a certain extent and for brief periods of time, abrogate or limit the functions of the will, and the regulations of thought and action, and which approach very closely the confines of morbidity.

It is recorded of the celebrated Mrs. Siddons that, after enacting certain of her most difficult and impassioned characters, in which she had so identified herself with the articulate history of the part represented, that she could not disembarass, or denude herself of the look, the gait, the gesticulations, and, what is more striking, of the sentiments and emotions which she had simulated before her audience. This possession, this merging of herself in the ideas which she had described, or rather had imparted, continued for hours, during which she walked to and fro, casting off, portion by portion, the mental deception or innocent perversion of her

own nature, which she had worn as she did the articles from her wardrobe. It is not affirmed that she ceased to be in her own knowledge and conviction Mrs. Siddons, or that she failed to recognise her surroundings, or to recollect the events preceding and about to follow existing circumstances; but it is asserted that she had so entered into, and had become one with, an ideal personage, that she could not cast off the sentiments, the bearing, and the moral portraiture which she had assumed, nor regain her original self and return to the more commonplace doings and duties imposed upon her.

W. Murray, formerly the manager of the Theatre Royal, Edinburgh, was a man of exquisite comic and simulative or secretive power. One evening, immediately after the performance, he was suddenly seized with indisposition, and uttered words which were regarded as incoherent. His medical adviser, who narrated the incident, arrived to find the whole dramatic corps in a state of wild agitation and alarm. Volatile salts had been freely scattered around, feathers had been burnt, but the terrified man was still fixed in a chair close to the footlights, gazing in fear and perplexity on the darkened cavern of the pit, and the weird and shabby scenes and wardrobes, now deprived of all the make-shifts that render them attractive. He saw his physician without recognising his well-known features, and continued to shout or sigh or whisper, "I can't get out! I can't get out." He had been playing the part of Midas, and was apparelled in the tight-fitting leather dress and head cowl, with the long nodding ears shaking at every semi-convulsive perturbed movement, which is always worn on such occasions.

His restlessness and cries continued for some time, but at length the moral medicine of the gentle, persuasive voice of the doctor had its desired influence, and serenity and silence were established; but there remained for a time a perplexed and half-conscious condition, in which he knew that something extraordinary had occurred, but in which memory supplied solely the conviction that he was Midas, and that his thoughts, his future career, and his doom must be that of Midas. His terror originated in the thralldom of this metamorphosis.

It is conceived that many of our tragedians who have been the most successful, and the conception may be justifiably extended to all distinguished players, have been those who buried their own personality in the attributes of another; and that to exercise the paramount, even tyrannical, influence of Isabella, Mrs. Haller, or Lady Macbeth, over the hearts, heads, eyes, and perceptions of a miscellaneous crowd, they must be endowed with some degree or modification of this impersonating faculty.

But this gift has not been confined exclusively to those distinguished in histrionic art, who may be fairly said to have been taught and trained in shrouding their own lineaments under a mask of widely different aspect and proportions. In a volume designated *Mystifications*, published some years ago, there are presented eight or ten scenes, in which a lady of high culture and lofty lineage completely outwitted many of her most able, astute, and imaginative countrymen, several of whom had been warned, or rather threatened with the hoax of which it was intended they should be the victim. Among those

subjected to this ordeal were Lord Jeffrey, Sir Walter Scott, and others. The temptress affected but one rôle. She was always an old lady scrupulously attired in the dress of sixty years ago, always a Jacobite, and always armed with subjects and stories and mirthful anecdotes suited to the taste of her auditor, and calculated to blind and mystify his perceptions. It is worthy of note that, while completely withdrawing her individual characteristics from observation, and while leading astray those whom she addressed into what appeared real, but were fabulous circumstances, and while able to change or disguise her features so as to resemble any one but herself, thus obliterating her individual expression, there sometimes passed over the mind of the listener or spectator that both Mrs. Ogle of Balbogle, the oddity impersonated, and her original representative were both in the room.

Should a more extensive view be taken of the education, manners, and history of those public servants who afford such exquisite pleasure, and sometimes such solemn and valuable lessons to the public, important data may be obtained concerning the morbid proclivities which they inevitably imbibe. Several of our eminent heroes of the buskin have left their military or naval ranks in order to seek fame and fortune in a dramatic corps. But a considerable proportion of members of travelling troupes have first seen the light, and their earliest impressions, in a booth, or caravan, or in some half-ruined building in a town. They emerge from a nursery where impecuniosity mingled with bare or squalid properties, where there was a frequent hurried and moonlight change of residence, where every event imparted a

degree of precariousness and adventure to the family history. The children of the troupe could not avoid being imitators from their swaddling clothes. They must have strutted their brief hour on the stage as soon as they could totter, and they must have breathed the same moral air as their relatives and tutors. Even in the higher walks of the profession, where many comforts and even luxuries surround childhood or youth, there must have been the same unintentional but powerful communication of the opinions, hopes, fears, pleasures, and objects of those around. Even when pecuniary considerations are constantly obtruding, the great aim of such a society must be public distinction; its members crave, solicit, pant for praise and plaudits; their days are occupied in the unhealthy preparation for the evening display, in committing to memory thousands of lines of writers but imperfectly understood; in the reiteration of the same phrases, sometimes for a hundred nights in succession; in acquiring certain attitudes, expressions of face or figure, and in removing as many of the traces of their own aspect and individuality as possible, in order to secure the wonder or admiration of those whom they desire to impress. When the actor has attained a prominent place amongst his fellows, he does not escape from these contagious influences. His habits, both of thought and action, are comparatively artificial; he inhales a sort of intoxicating gas, and moves through the work-a-day world with fewer ties and connections, than with the realm of fancy or the romantic—at all events, unreal existence. It would be absurd to suppose that persons so constituted generally pass into the condition which has been

described as presented in Mrs. Siddons; but it may be confidently stated that the player rarely ceases to be the player, that he cannot entirely dispel the strut, the stare, the speech, and many of the peculiarities which he has laboured to incorporate with his own nature, and of the predominance of which he may be entirely ignorant. It is, however, gratifying to know that, notwithstanding the unhealthy education to which this class of men has been subjected, and notwithstanding the pernicious effects which unavoidably flow from the course pursued, while all, or the great majority, have acquired elevated, extravagant, and non-natural dispositions and manners, that few have passed the border-line of sanity, or have become the victims of forms of nervous disorder, obviously originating in their art and occupation.

Charles Macklin, 1690.—This actor did not hold a very prominent position until the latter half of the past century. His first appearance was in the play of *The Orphan*. He was a great gambler, and his success led him into extravagance and profligacy. He ultimately attained the highest reputation, and secured the gratitude of the admirers of Shakespeare by redeeming the part of Shylock from the base and degraded cast in which, until then, it had been performed. The reproduction of the play, and the distinction he had attained, are traced to two circumstances, the ruin of one manager and the usurpation of another, and the sneering criticism circulated by his friends. Connected with this incident is the melancholy fact that his eccentricity ultimately, after this triumph, merged into dementia. He had dressed for his favourite character, but forgot altogether the

play in which he had formed a conspicuous feature. He then became associated with Garrick, who was then a rising actor; this friendship involved various professional transactions, but ultimately ended in a rupture, and his exclusion from Drury Lane Theatre without money or prospects for the future. Macklin, after this, went rapidly from theatre to theatre, from London to Dublin, from company to company, offending and quarrelling with nearly every person he came in contact with, especially every manager, in consequence of his arrogance and infirmity of temper. Old age, and probably the death of his daughter, associated with his original lack of mental balance, brought on his final mental degeneration, which culminated in his forgetting the part of Shylock when on the stage. When realising imperfectly the duties assigned to him, the poor old man went on the stage, and having spoken portions of the dialogue, without evidently understanding the meaning of what he was saying, he suddenly remarked, "I can do no more," glanced helplessly around him, and retired for the last time. He never attempted to act again, and ultimately dwindled into a condition of senile dementia. He lived to the age of one hundred and seven, so it is stated, and this therefore shows that the continuous hardships which actors have to endure is compatible with old age.

François Joseph Talma, 1763.—He was the great friend of John Kemble, and was born in France, but educated in England. He made a great success in *Macbeth* and *Hamlet* in England, but his category of subjects was very large. It is stated that he was prepared to introduce upon the stage twenty-one new

characters, surrounding each with a halo of glory, imparted alike by his own imagination. He had remarkable power over his audiences; he was a great actor, though he was not appreciated so much in France as he was in England. He was subject to squint, but whether this was congenital, or a sequel to some brain disease, I do not know. He suffered at the commencement of the Revolution with a nervous affection, complicated by hallucinations; he evidently did not realise his condition, and when partially recovered he began again to act. Whenever he trod the stage, and gazed upon the assembled crowds, he looked apparently into vacancy, not realising that they were human beings. There grinned before him, or sat mute and motionless, a living crowd of skeletons which he was apparently able, notwithstanding the awe and superstition, to see distinctly and to recognise. His power of self-command, however, was so great that he was able to proceed with his part, betraying no emotion, as if unconscious of his supernatural assemblage.

Monrose.—This actor was at one time an ornament of the French stage, but in consequence of overwork and over-excitement his brilliant powers were obscured by disease, from which he never recovered. The peculiar part of his morbid condition was not merely the loss of his own personality, but the engrafting of his favourite character upon his ordinary condition. He actually imagined himself to be the real characters which he was impersonating. He was placed in an asylum, and was liberated for a single night in order to participate in his own benefit. On this occasion he was allowed to act the part of Figaro, and his memory and bearing were perfect until he was required to utter

the words, *Il est fou*, when the poor demented man, as if suddenly struck by the accidental allusion to his own misfortune, betrayed intense sorrow, and retired never to return again. Though there are many people often found in asylums who labour under the delusion that they are kings or great potentates, notwithstanding this delusion of grandeur they never lose the perception of their original identity, nor of their real origin. Monroe apparently did, for, in imagining that he was Figaro, he completely forgot his own personality.

It is related of the famous Mrs. Glover, who was the daughter of Betterton, that while her infant feet trod the stage, her earliest recollections must have arisen in a theatre, and almost her last hour of consciousness was on the stage.

Coralie Walton, 1830.—Every member of a *corps dramatique* in the olden time, whether he emerged from a booth or barn in a village fair or market, or had been familiar with the mirrored, curtained, carpeted, luxurious green-room provided for the artistes of Covent Garden, passed his life, and acquired and practised his profession in a non-natural and artificial condition. He rarely enjoyed the privilege and advantage of a regular training, or the initiation of a quiet and sedate occupation. His education was carried on and completed on the stage by rehearsals and public representations, accompanied by private study. His reading was confined to the authors whose words he had to commit to memory, and whose sentiments he must realise in his mind, in his heart, and bearing. His associations were unreal; his companions generally of the same excitable or imaginative

type as himself ; the rewards of his exertions or success were the applause and approbation of his simulated passions, patriotism, or merriment ; and his position in society, until lately, was still uncertain, undignified, and kept him on the outside of those ranks and grades upon whose patronage and pleasure he depended. Things are changed as to this now, and the profession of an actor ranks as equal with that of any other honourable one, and we have to thank many leading members of the dramatic world for this improvement. An actor sees and knows the world through the foot-lights. His intercourse with his fellow-men is chiefly when they cheer his assumed greatness, wit, or extravagance, or when they denounce and hiss his feebleness or failure. He generally breathes an atmosphere of intoxicating gas, forms a judgment of the world and its ways from the authors who furnish him with thoughts and opinions, as well as with bread, and is very apt to conceive that happiness and the realisation of ambition is prefigured and shadowed forth in the theatre when brilliantly lighted up, and in the feelings which attend his own brief hour upon the stage. He not only acquires the strut and the swagger which conventionally have been identified with the heroes of the buskin, but the stilted phraseology and modes of thinking which characterise his range of study. This state of the mental constitution may not sometimes amount positively to unhealth, but it is liable to create an utterly fictitious conception of the institutions of society, and of the every-day life by which we are surrounded.

These men, thus moulded, do not actually speak in blank verse, nor act the part of patrons, or poten-

tates, or merry-andrews, in their intercourse with others, but many of them see or seek for romance and the creations of fancy in the practical and prosaic relations of life. The suspicion that this tendency may influence their cogitations and be transfused into their compositions, as well as into their conversations, has led one to receive with some doubt and caution a narrative of the life and death of Coralie Walton. Yet this Memoir, partly histrionic and partly historic, has been published on the authority of a distinguished and trustworthy writer, who was himself, in a certain sense, the hero of the tragedy. The heroine, Coralie Walton, is described as being very beautiful, but reserved and dignified in her manner. She is first seen at a rehearsal, where she displays a perfect knowledge of her part, and the regular business of the stage. Having won favour in the eyes of the public, and that of the manager of the company to which she belonged, she was promoted to the position of leading actress. Her history and antecedents, without affectation of concealment, she seemed to confine to secrecy and mystery. Her obliging disposition seems to have tempted her employer to impose extra duties, which revealed, in technical language, how "quick she was in study"; how voluntarily she devoted her nights in order "to get up a new part," and her cheerfulness and fidelity in these exertions,—qualities which emboldened her superior to allude to her former experience and to her home; an experiment which provoked a passionate demand that he should never allude to her home again. The obvious conclusion was that she had some reason and object in shrouding her

previous career, whether theatrical or in the busy walks of commonplace work, in obscurity; and it is highly probable that this constant effort to elude discovery may have had an important and deteriorating influence upon her mental and physical constitution, for there is truth in the psychological conclusion that the effort to limit our thoughts and feelings to our own thoughts and consciences, to dwell subjectively upon a hoarded grief or shame or sorrow, is injurious to health, and in the poetical confession:—

“I have a secret sorrow here,
A grief I'll ne'er impart,
It heaves no sigh, it sheds no tear,
But it consumes my heart.”

She is depicted as Virginia, “the perfection of girlish beauty, the type of classic grace, the ideal of feminine softness, all tinged and shaded by a pervading sadness,” as displaying a perfect acquaintance with the lines of the poet, as entering into the tragic character of her part, but as betraying tremor and agitation whenever either approaches or allusions to love scenes occurred. Insensibility follows the more exciting passages, and it is observed that the repeated application of a handkerchief to her lips is to stanch the appearance of blood. In Desdemona she is equally successful, but is equally abhorrent of all the tenderer and impassioned incidents, and in this instance recoils from the writer of the recital, who acted Othello; but is so calm and cold and still, that in the death swoon he is paralysed by the apprehension that she is actually dead; and he tests his fear during the action of the scene by placing his hand upon her heart, but to add

to the seeming reality of the crisis the lady utters not the required farewell injunction, nor any response, but remains mute and motionless even after Othello has used his poniard, and proves to have actually fainted either from the hysterical nature of her temperament, or in the course of some more serious malady. The next episode in this strange, uneventful history is the appearance of lovers, attracted by the beauty and isolation of the fair Desdemona. One of these, animated by violent passions, but base designs, she shunned, repelled with dignity and firmness, but required the assistance of the manager, and an appeal to his father, before she temporarily escaped from his persecutions. Before these were renewed a genuine and honourable protector had espoused the cause of the injured lady, and having thoroughly chastised her ravisher, emancipated her from further annoyance. This chivalrous youth had himself become enamoured of the grace and talents of Coralie Walton while a constant frequenter of the theatre, and so sincere and pure was the affection thus inspired that, in order to accomplish the object of his wishes, and to come into nearer and uninterrupted association with the actress, he determined to adopt the stage as his profession; he became a pupil of the manager, and after prolonged study and tuition in this school, he was incorporated with the company. This handsome and accomplished suitor succeeded in captivating at once the admiration and applause of the public, and the kindly feelings of the person whose attractions had tempted him to take so important a step. "The course of true love never does run smooth"; and although the result of these romantic arrangements had been what was aimed at

and was desired, and a deep and exalted affection had arisen between the parties interested, the lover, apparently either rejected or estranged by certain obscure conduct or revelations on the part of Coralie Walton, suddenly announced his change of profession, his departure for America, declining all remuneration for his really valuable services, and avoiding all explanation of his present conduct or his future plans and projects. She who was, in some inexplicable manner, the cause of this catastrophe, was seized with brain fever, which proved to be protracted, calling for all care and kindness from those around. Shortly after her recovery from this formidable attack, she was called upon to act the part of Ophelia, and is described by the Hamlet of the evening as agitated by tremulous and spasmodic twitching of the face when he took her hand, and pronounced the words, "I did love you once"; the contractions and agitations being intensified when she replied, "Indeed, my lord, you made me believe so." On the occurrence of the passage, "You should not have believed me; for virtue cannot so inoculate our old stock but we shall relish of it: I loved you not," the poor, trembling, agitated girl became more and more the image of distress and despair, evidently recalling and reanimating some faded but unforgotten scene of pain and separation, representing less Ophelia than herself, and paralysed rather by real sentiments and sorrows than by their imitation. A wild wandering of the eye, and hysterical catch in the speech were observed, and were speedily followed by wild, uncontrollable shrieking, uttered as she rushed from the stage, and passing at once into hysterical and ultimately acute and fatal mania. In the course of a

few days this unfortunate victim of impersonation died, whilst still a lunatic, and in her incoherence muttering confused sounds, in which might be distinguished—"O mother! mother!" and "Tell Hamlet not to forget." Contemporaneously with her sudden loss of reason there was given to a friend a packet, with the urgent request that he should deliver it to the person whose name it bore, should he encounter him in his travels through America, where he was about to go. Upon the contents of this missive hung the solution of the melancholy tragedy recorded. The transatlantic journey was undertaken, and accidentally the owner of the packet was discovered in the person of an officer of the United States army, who, after displaying much natural emotion, revealed all that was previously inexplicable in the conduct of Coralie Walton.

It disclosed what was throughout anticipated, that the attachment which seduced him from more grave occupations to the stage was returned by the object of his idolatry; who, however, while confessing perfect reciprocity, and although there were no obstacles to immediate marriage, gently, but firmly, it was conceived by her admirer, obstinately refused her consent to an immediate union. This event, ardently desired by both parties, was made to depend upon a proposed visit to the mother of the actress. This step was at once taken, when the betrothed youth finds himself, to his horror, in the presence of a rouged, bedizened, utterly profligate, and degraded parent of his cherished companion. A hurried announcement of his emigration completes the tale, except that the deserted Coralie Walton, roused to an exciting recollection of her

recent misfortune and misery by the situation and character in the drama, probably by some similarity in the person and bearing of Hamlet to her lover, and by the tenderness and tone in which she was addressed, was precipitated from fictitious into real alienation.

We are entitled to conclude, although all certain information on the subject is wanting, that while the profession and position of her mother, the estrangement of her intended husband, the false position which she held, with feelings of shame, degradation, and other moral factors, may have contributed to the catastrophe, physical changes had taken place in the brain and lungs, of which evidence is afforded in the attack of cerebral fever and hæmoptysis, which were fully adequate to produce abrupt and fatal derangement. Yet many illustrations are accessible, in which feigned pride, wrath, and indignation have rapidly merged into forms of madness, marked by precisely similar manifestations; where the emotions have been cherished, encouraged—in other words, cultivated and inflamed—have usurped and dethroned the supremacy of judgment, have exercised the province and power of will, and ultimately placed the system under the dominion of some form of monomania. It is quite true that in the majority of such cases there is present bodily disease, which may be unconnected with the disturbance in the nervous functions, but which is often palpably the outcome or direct consequence of this disturbance; and where the election of the precise relation in which these organic lesions stand, the moral phenomena depends more upon the opinions of the individual than upon any demonstrative proof afforded by the alterations themselves.

In concluding this subject, it is incumbent upon me to record, not merely that individuals engaged in ministering to the gratification and instruction of the public in our theatres have occasionally yielded to the influences of constitutional causes, or surrounding circumstances, and been doomed to mental infirmity, as have the performers on the wider and grander stage of life, but that, by a kind of inversion of this Nemesis, the insane have, either individually or in groups, assumed the rôle and functions of professional actors, and have appealed successfully to the suffrages of members of their own class, or to the less indulgent critics from general society. This course has been adopted, I believe, in all cases, in consonance with the inclination and earnest desire of the individuals, although suggested, in all probability, by medical guides or other guardians as a remedy, as a means of distraction from painful and unhealthy thoughts and feelings, and as an inexhaustible source of enjoyment. The great success which it is believed attended the effort to produce plays in our asylums, enacted by patients, has fully justified the safety and expediency of such an experiment; while the benefits which have accrued to those personally engaged in histrionic representation has conferred upon this amusement a dignified rank in the scale of moral hygiene. It may be well conceived that the preparation and actual production of a vaudeville, farce, or comedy in an hospital for diseases of the mind, where, although the accommodation, furniture, and comforts assimilate the place to a home or a hotel, but where, nevertheless, rigid discipline, and, at the best, pensiveness, depression, or melancholy must generally prevail,

could not fail to effect a decided and pleasurable revolution in the hearts and hopes of all concerned, from the prompter and tirewoman to the principal character and hero of the piece. This experience has convinced a large proportion of those engaged in the treatment of insanity that this powerful and popular element in the excitement, perhaps in the regulation, of the emotions and sentiments, should not be neglected, although its employment must be limited alike by the instruments at their disposal, the nature of the cases and of the cure to which it is addressed, and by the operation of the higher agents resorted to.

An attempt was made many years ago by M. Esquirol to introduce theatrical representations into the asylum at Charenton as a means of amusement, if not of cure, in the treatment of the insane. The French have a passion for the drama, and a vast number of the educated classes in that country have been amateur performers, and so the experiment might have been expected to succeed. But it failed from a somewhat singular circumstance. It should be noted that this development was essayed at no great distance of time subsequent to the French Revolution. I have forgotten what the piece selected was, but it is interesting, both chronologically and philosophically, to understand that the plot contained, amidst other features, the deposition of a king by his subjects. The audience, chiefly composed of patients, regarding this rebellious act as real and unjustifiable, rushed on the stage with the utmost tumultuous indignation, and restored the ill-treated monarch.

Some years after this amusing failure Moliere's *Tartuffe* was successfully placed before the inmates of

Salpetrière. Plays have been, it is reported, enacted in asylums in Copenhagen. It is concluded that in all these instances the dramatic company, as well as the auditors, were, to some extent, of unsound mind.

Dramatic performances are now part of the weekly routine of most large institutions for the insane. I recollect, some years ago, organising, and personally taking part in, such a performance, where several of the inmates of the asylum had shown much interest in the proceedings, and were included in the caste, whilst two of them had painted the entire scenery and proscenium, and constructed the stage, which would have done credit to any made by professional persons. The custom of inducing patients to take part in the performance of plays originated in Scotland some years ago. It was found that there were invariably four or five insane patients who could be so employed. The principle here laid down was that no play should be accepted or placed before even insane spectators, unless some of the parts were undertaken by patients. One of the persons thus participating had been labouring under acute mania, with convulsions; another had recovered from an attack of epilepsy, but suffered from delusions and intellectual feebleness; a third was suicidal and dejected; a fourth was actuated by delusions; while a fifth presented symptoms of fatuity, with the hallucination that she saw the head and limbs of her best friends continually dropping from the sky. In many cases the patients were in a state of convalescence, but in all, vestiges of their original malady could be traced. The step now mentioned was not merely a temporary test of the practicability of reaching the mind diseased, but was persevered in

for thirty or forty years, with hundreds of dramas, ranging from mere vehicles of fun and merriment up to *Red Gauntlet* and *The Lady of Lyons*. This mode of treatment or amusement has proved curative or calmative in a large number of similar establishments, and has, it is affirmed, penetrated even into the region of the Pilgrim Fathers. It would be invidious, and might prove cruel, to estimate critically either the pretensions of these actors or the approximation effected to a well-constituted and suitably decorated theatre, in the apartments and make-shifts where their capacities were displayed; but it is worthy of grave consideration that during these impersonations there was neither disturbance nor interruption from the pit or galleries, nor failures of memory or absurdities or incongruities or the manifestation of delusions on the part of the performers. And an accomplished literary friend, who witnessed these performances, stated that "everything was, in fact, conducted as in a long-established theatre by a well-disciplined corps of actors, and it was altogether a hearty and kindly representation." While these exhibitions were generally hailed as marvellous manifestations, it must be confessed that admiration and approval were not unanimous. To those who were unable to conceive the influence of reading, music, or any external pleasurable and exalting sensations in restoring or reconstructing or rehabilitating the wrecked and ruined intellect or imagination, the power of the histrionic art was regarded as vain and visionary; to those who cherished conscientious religious scruples or objections to all entertainments of this class, such experiments were unacceptable and worthy of con-

denmation. But it may be well to place in antagonism to such views the remarks of Martin Luther, the great founder and champion of the Reformation, made at a time when that great social convulsion was at an intense heat, and when the tendency of all those affected by its throes receded to as great a distance from what had been sanctioned or tolerated by the Church of Rome as possible: "The acting of comedies ought not to be debarred for the sake of the boys in school—first, that they exercise them in the Latin tongue; second, in comedies such persons are artificially feigned and presented, whereby people are instructed and admonished every way concerning their offices and vocations, likewise what belongeth to a master or a servant, a young fellow that becometh him, and that he ought to do. Yea, therein are demonstrated all dignities, degrees, offices, and duties; how every one ought to carry himself in outward conversation, as in a looking-glass. Moreover, therein are also shown and described the crafty exploits and deceits of evil ones. In like manner what the office of parents and young striplings is; how they ought to bring up and train their children and young people to the state of matrimony, when time and opportunity serveth. How children ought to be obedient to their parents, and how they ought to proceed in wooing. And, indeed, Christians ought not altogether to fly and abstain from comedies, because now and then gross tricks and dallying passages are acted therein; for then it will follow that by reason thereof we should also abstain from reading in the Bible."

I conclude by quoting a more modern critic. He says: "In ancient times the dramatic art has been

honoured by being made subservient by religion and morality, and in the most enlightened country of antiquity, in Greece, the theatre was supported by the State. The dramatic nature of the dialogues of Plato has always been justly celebrated, and from this we may conceive the great charm of dramatic poetry. Action is the true enjoyment of life, nay, life itself. The great bulk of mankind are either, from their situation, or their incapacity for uncommon efforts, confined within a narrow circle of operations. Of all the amusements, therefore, the theatre is the most profitable, for there we see important actions when we cannot act importantly ourselves. It affords us a renovated picture of life, a compendium of whatever is animated and interesting in human existence. The susceptible youth opens his heart to every elevated feeling; the philosopher finds a subject for the deepest reflections on the nature and constitution of man."

The chief mental disease from which actors suffer, who have come under my observation, is melancholia. One of the principal causes for that condition is overwork and disappointment, in some instances, acting on a predisposed mind. Many a gifted young actor, with great promise, is ruined from the too free indulgence in alcohol.

There are certain well-known restaurants in the neighbourhood of the Strand, which are the headquarters of many an old ne'er-do-weel actor, so to speak, of the "old school," who is found there day after day; and, though he himself has been ruined by drink, he will do his best to entice the young aspirant to histrionic fame to indulge, and go likewise to his ruin. He will graphically describe some of his past

dramatic experiences, which are mostly imaginative, so as to engage the attention and obtain the confidence of the poor conceited youth. What I am saying is perfectly true in every respect, and I am glad of an opportunity of giving publicity to it. In making this statement I trust I shall be the means of turning some such individual from the error of his ways. What I say on this subject is well known to most of our leading managers, who would support my views. Sir Henry Irving, the most distinguished actor of the day, and the kindest and most sympathetic of managers, would as soon allow a lunatic to belong to his company as a drunkard, one being quite as dependable and reliable as the other, and of the two I think the former the more preferable.

Children of geniuses are very often eccentric and strange, and, so far as my experience is concerned, I have come across many epileptics whose fathers have been geniuses. Professor Lombroso informed me that he had also observed the same, and I think our opinion is not far wrong. The epilepsy here is generally of a maniacal type.

To indulge to excess in phantasy is very dangerous. To the real world the visionary is an alien, to his adopted country a denizen; he is an outlaw to the beings around him, and in the end the brain becomes a chaos and a wreck. A genius in art made the following statement: "When a sitter came I looked at him attentively for half an hour, sketching from time to time on the canvas. I wanted no more. I put away my canvas and took another sitter. When I wished to resume my first portrait, *I took the canvas, and set it in the chair*, where I saw him as distinctly



EPILEPTIC MANIA.

as if he had been before me in his own proper person. I looked from time to time at the imaginary figure, then worked with my pencil; when I looked at the chair I saw the man. Gradually I began to lose the distinction between the imaginary figure and the real person, and sometimes disputed with sitters that they had been with me the day before. At last I was sure of it; and then—all was confusion. I recollect nothing more. I lost my senses, and was thirty years in an asylum."

It is not the geniuses of poetry, art, science, and literature who alone fall the victims to mental disorder. Those minds which are continually engaged in the collisions and jealousies of the political arena are often found to fail in the struggle. Pitt, Fox, and Canning died in the meridian of their fame, their lives curtailed by the continued strain of overwhelming mental conditions.

Lord Randolph Churchill is the latest example of a genius cut short in his prime, of whom great things were expected, and whose career I closely watched with a curious psychological interest, his condition being perfectly apparent to me for some time previous to his death. This is a typical illustration of the decadence of a master mind prostrated by disease, which had its origin in abnormal and undue political excitement.

If we glance at the comparative statistics of mortality in genius, we are enabled to form some idea of the final effect of different studies and pursuits.

Nearly all imaginative writers are of an irritable nature. Many hard brain-workers continue their labours long after they have received a warning, as

indicated by acute headaches; but, notwithstanding that caution sent us, we persevere with our mental labour, heedless of what must be the inevitable result.

I have had under my personal observation a well-known London comedian, who, on his own admission, felt inclined to cut his throat while waiting in the wings, but whose entrance on the stage was greeted with roars of laughter.

Musicians, though men of marked genius, are often eccentric; their records do not give many instances of mental derangement.

When the history of the present century is written, there will be found to have existed many geniuses who, though having commenced with brilliant careers, were driven, by mental disorder, to commit some excess which will have handed their memory down to posterity, not only as the brilliant geniuses they were, but also as examples of mental decadence which, though dormant in them for some time, ultimately culminated in a positive outburst of insanity. The insanity of genius is one of the many awful proofs of immortality—that the unfettered spirit that moved the lips and pen to speak and write the syllables which still delight mankind is unchanged, unchangeable; but the phenomena which our senses perceive, both of intellect and madness, are the results of health or disease in that structure, by its emancipation from which the intellectual, yet tainted mind, becomes the pure immortal soul.

CHAPTER XIII

MENTAL DEGENERATION OF THE HUMAN RACE

THERE is no doubt but that there is a gradual and progressive degeneration going on in the human race.

Man is not the product of accident; nor yet the last manifestation of imaginary transformations. Created to attain the end appointed by infinite wisdom, he cannot do so, unless the conditions which insure the permanency and progress of the race be more powerful than those which tend to destroy and deteriorate it. There is no doubt that there are elements of deterioration and disintegration which work upon humanity.

I will consider the chief causes for this degeneration:—

1. Degeneration caused by poisonous agents.
2. That due to hereditary influence.
3. Other causes of degeneration.

With reference to the first, by poisonous agents, I will only consider alcohol, opium, and tobacco.

At the present day, when an indulgence in alcoholic poison is exerting its sad but dreadful effects on humanity, when our lunacy statistics show that the

increase of insanity is really due to an increase in this vice, it behoves one to consider briefly the question. The recent publication of the Asylum Committee's Annual Report shows an actual increase in lunacy, in the asylums governed over and controlled by the County Council, of 700 as compared with last year. In one large asylum, the medical superintendent states that, out of 958 inmates received, 217 of these admissions were due to "intemperance in drink." Quite one-fourth of the insanity, then, is attributed to a vice which is, so to speak, self-inflicted. These statistics also well compare with those issued by the Lunacy Commissioners, and on taking an average for the last five years, drink, as a cause, averages 20·9 per cent of the admissions. When we take into consideration that there is no disease whose germs are handed down to posterity to a greater extent than this, we shudder to think what the condition of the descendants of these alcoholic degenerates must be. It is a law of vital physiology that as "like begets like" so do drunken parents often transfer their brutalising habits to their unhappy offspring, who, if they do not actually follow in the wake of their parents, exhibit some form of moral and mental obliquity, or a nervous disorder clearly traceable to a deterioration of physical structure (in all probability seated in the brain), caused by a long and persistent indulgence in the use of intoxicating drinks. What Burton said years ago remains true at the present day that "If a drunken man gets a child, it will never likely have a good brain." One of the leading physicians in America showed by his statistics that out of 300 idiots, whose history could be traced,

145 were the children of drunken parents. A large percentage of crime and insanity results from the same cause, and, speaking generally, I may state that quite 30 per cent of lunacy in all parts of the universe originates in habits of intoxication. This state of affairs must continue until some stringent legislation is passed to recognise such as a mental disorder, and one to be properly and legally controlled and treated.

Alcohol entering the system in excess modifies fatally the constituent elements of the blood and acts as a poison. It may be stated generally that the symptoms of alcoholic poison are those of alternate excitement and depression.

It is impossible to walk in the streets of any great city, especially London, without being shocked at the terrible degeneration which is going on in consequence of the prevailing habit of over-indulgence in alcohol, and this applies to every class of society.

There is no malady in which hereditary influence is so marked a characteristic as this; if insanity and congenital imbecility are the extreme terms of alcoholic degeneration, many intermediate states become evident by various aberrations of intelligence and perversions of the moral sentiments. The following case shows the progressive symptoms of alcoholic poison: A man, after ten or twelve years' indulgence in drink, had repeated attacks of delirium tremens, then habitually trembling hands, tongue, and limbs, disordered sensations, such as occasional blindness, troubled sleep, disgust for all food; formication, subsultus, and advancing paralysis; then followed partial anæsthesia, becoming complete in the fingers, toes, and extremities; vertigo and serious

hallucinations then developed. At this period of the complaint a strenuous effort was made to stop the downward course, and for a short time successfully. Again the evil habits were resumed, and again the old train of symptoms occurred, with emaciation, and frightful cramps and spasms. Again a cessation of drinking, and again a relapse. The final condition is thus described:—

“Arrived at this sad period, there was no longer hope of amendment. Deprived of intelligence, lost to all moral sense, his strength diminished from day to day, and nothing could now arrest the progressive and fatal march of the symptoms. The skin became like parchment, the legs were œdematous, and the digestion profoundly troubled. The delirium, though continuous, had now no violent exacerbations. He muttered unintelligibly, his look was stupid and haggard, his appearance brutal; and when death came to terminate this sad existence, consciousness had long ceased. The paralysis was general, and this deplorable victim of alcoholism had fallen into the most hideous state of degradation.”

Alcohol, we see, produces a malady presenting the symptoms of true poisoning, and of a specific character. The only disease likely to be confounded with it in the type I have just described is that known as “General Paralysis.” The symptoms are trembling of the feet and hands, diminution of strength, paralysis, subsultus, cramps, and spasms. It is only in an after stage of the disease that convulsions and epilepsy occur.

In the nervous system we notice at first formications, exaggeration of sensibility, and neuralgic affec-

tion ; later, diminution of sensibility, perversions of the senses, and difficulty of speaking.

There are different varieties of alcoholism observed in our asylums, according as to whether it occurs directly in the individual, or is inherited from the parents : in the latter instance the wretched victims to this congenital disease may terminate their days in the last convulsions of general paralysis, and in a state of the most profound moral and physical degradation. In the former class, removed earlier from their vices, they will pass an existence, perhaps a little more enviable, but of which dementia, stupor, absence of all intellectual vigour, and the abolition of all moral sentiments form the most prominent characters. This class is very numerous ; they have no special delirium, they live a sort of automatic existence ; their only desire, apparently, being to escape from their incarceration and thus become enabled to resume their vicious excesses. General paralysis is not always the termination of such a class of cases ; sometimes the disease is arrested, stopping short of that series of progressive lesions which terminate in general paralysis. There are certain varieties observable in the hereditary class, the children may simply inherit the drunken tendencies of the parent, and what was habit in the one becomes an uncontrollable instinct in the other ; thus a parent who is in the habit of becoming intoxicated, the offspring adopts the habit as second nature, being born and bred in it. But the descendants of such intemperate degenerates have progressive forms ; some are born completely mentally degenerate, that is, imbecile or idiotic, others attain a certain age, beyond which they stop, and collapse into a condition

resembling dementia, whilst there are others, who, after labouring hard and attaining certain professional standing, find themselves incapable of further progress, and begin to retrograde. There appears an impossibility to escape entirely from the hereditary nature of this complaint, and the absurdness and uselessness of placing any dependence upon the oft-repeated and reiterated vows of amendment of those who have once been subjected to this influence is well known to those experienced in this complaint. Many a determination, many a vow, and many a profound sentiment of remorse have been expressed by these individuals in their promise to fulfil their future vows of temperance and amendment, but to no avail. From my experience, which is very considerable, in these cases, I regard chronic alcoholism as one of the greatest vices of the age, and one which has much to do with the present degeneration of the human race. I will cite one case, showing the hereditary nature of this vice.

The great-grandfather of a young man indulged in drink, till it developed into actual dipsomania. He was killed in a public-house quarrel. His son, the grandfather, followed in his footsteps, and was brought in a maniacal condition to an asylum, and died ultimately of general paralysis. His son, the father, was of comparatively sober habits, but nevertheless the hereditary taint showed itself; he became insane, and suffered from the delusion of persecutions. His son was taken to the asylum at the age of eighteen, whose attack had developed eight months previously, without ostensible cause, in mania, the transition passing to complete idiocy. Thus we see:—

"In the first generation immorality, depravity, alcoholic excess, brutish disposition.

"In the second hereditary drunkenness, maniacal accessions, and general paralysis.

"In the third sobriety, hypochondriacal and lypomaniacal tendencies; systematic ideas of persecutions, and homicidal impulses.

"In the fourth weak intelligence originally, access of mania; stupor; transition to idiocy; finally, extinction of the race."

There are four fatal forms of alcoholism:—

1. Those who have passed through every form of alcoholic poisoning, and terminate their career in general paralysis and dementia.

2. Those who, at an earlier period of their vicious life, have been secluded in an asylum, and end their days there.

3. The descendants of the two previous classes, including born idiots and imbeciles, and those who live intellectually for a few years, and ultimately fall into dementia.

4. Those who are led into alcoholic excess by previous disease, or predisposition.

Not only does alcohol by its effects cause degeneration in our own race, but in every part of the civilised world.

I will now describe a few of the types of alcoholic degenerates which have come under my own observation, and are probably well known to most intelligent observers.

The phases of the malady are peculiar. We have the ordinary public-house drunkard, one who begins his carol in early morning; he is found there as soon

as the doors are opened. His loquacity, as the day goes on, becomes more and more intense, and he evinces a certain familiarity to every one he meets. During the day he may leave the vicinity of the place, but only to return again. His frequent glass must eventually leave its effect on his constitution. At the close of the day he may or may not be quite intoxicated; if he is so, it is generally of the noisy or hilarious type, and probably will make night hideous by his noises. If not quite intoxicated he is peevish or depressed, the result of the reaction following repeated glasses. As compared with this man would be the ordinary brandy, or whisky and soda, drinker, an habitué of every West End club. In all probability he would vie with the poor man in the number of "drinks" taken during the day. This class of individual is very cantankerous, irritable, and infirm of purpose. He will remain in the smoking-room all day imbibing at intervals, he is talkative to the various members, and liable to be quarrelsome if contradicted, or crossed in any way. Many of such cases ultimately suffer from loss of power in their limbs, which may resemble an incipient attack of threatened paralysis, but is really what is known as "alcoholic paralysis," a condition often seen in the habitual club drinker. He is a source of uneasiness to many of his friends, and his judgment in any matter requiring tact or discretion is most deficient, and his advice when given would probably do much more harm than good if followed out, as his mind is fast degenerating. In my opinion it is the early glass of beer of the poor man, and the early glass of spirit of the more affluent, that sow the seeds of what ultimately develops into a frightful and incurable vice.

There is another degraded type of alcoholic degenerate, and one of common occurrence; I allude to the seedy genteel, and, so to speak, highly respectable individual, with long frock coat and tall hat, who generally patronises the public-houses beyond his immediate home, into which he may be observed to be sneaking at various odd times of the day, but previous to entering he has a good look round to see whether he is being observed. This class of individual is generally one of the best patrons of the establishment, and though his outward appearance is one of respectability, the spots on his face clearly indicate what his weakness is. I have seen such persons even taking children into the public-house in the early morning, and thus initiating them in his own vice; such a contemptible wretch deserves the life of degeneration and degradation which is certainly in store for him.

I now come to a type so often met with, that of the self-satisfied Alcoholic. He is not completely under its influence, and is able to control, to a certain extent, his actions. He has a familiar smile on his countenance, and is anxious to tell strangers his private affairs. He will insist upon shaking hands repeatedly, and though his conversation is variable, his mind will revert to some small grievance which he will have exaggerated into one of gigantic proportions, and to which he will keep alluding, apparently forgetting that he had previously done so; a partial loss of memory is here characteristic. The peculiar smile, or sometimes grin, usually met with in those cases is a distinctive feature, and there is a sort of mock courtesy combined. There is also a well-defined form of this complaint which I might call the "Depressed Alcoholic."

It is characterised by weeping periodically, for no reason whatever, apart from the condition the victim is in. Whilst in this state family secrets are often divulged to strangers. This depression may last for some time, and is generally followed and relieved by sleep. Whilst in this depressed state there are not many visible signs of the actual condition, apart from the crying and low spirits, and the peculiar clipping of the words, which is more apparent whilst in this state, than when in the more acute one of intoxication, when all power of equilibrium is lost.

I now come to the typical dipsomaniac, who is not supposed to be able to resist temptation, and who suffers from actual disease, and not from vice. Alcoholic craving does not merely extend to the more familiar beverages, such as spirit, beer, or wine, but to every conceivable description of intoxicating drink. At the present day there is a most lamentable increase of secret drinking amongst women of good position. They drink when alone, whilst at their dinner-table they only take water, deception being conspicuous in such persons. Eau de Cologne, and especially sulphuric ether, are imbibed freely. I always suspect a lady who leads a hermit's life, and for no appreciable reason prefers day after day to remain indoors, of secret drinking, and I do not think I am far wrong in my estimation; there are many of such to be found, I regret to say. The ladies will give every possible excuse, when found out, for this habit; generally on each occasion some different explanation will be forthcoming, none of which, however, have any bearing on the real condition, whilst those experienced cannot be so easily gulled. A woman suffering from this calamity should

not be allowed any money at her command, though she will invent the most cunning devices to obtain it. I have heard of a lady so afflicted who, on finding that all resources were closed to her for obtaining money, managed to get it by having her teeth extracted and selling them to purchase what she desired. If I am consulted with reference to a marriage where drink is a hereditary failing, I at once advise against such an alliance, but it is a curious thing that, like a good many other complaints, it often skips over one generation. I regard lunacy to be far less likely to be handed down to posterity than alcoholic craving. Of all vices it is the most dreadful, and the most hereditary, whilst the situation is so terrible, when we consider that the majority of those addicted to it, in the first instance, can really abstain from it if they choose. The drunkards, however, go on their way rejoicing, dragging honoured names into the mire, ruining themselves and their families, and bringing into the world those destined to follow in their footsteps, for the simple reason that we have no legal power in England to check them in their mad career, and in their precipitous descent from sanity to what we must recognise in many instances as a mental irresponsibility, and one of the worst and most intractable forms that we have to deal with at the present day.

The fatal habit of intemperance injures the nervous system generally, and the brain in particular.

A gentleman of great talent was an excessive brandy drinker, and had lost all moral control over himself. During one of his attacks of delirium tremens, he fancied that a large black raven was pecking at his right shoulder. This produced a state

of maniacal excitement, and made him swear most frightfully. He, however, recovered from the attack, and resumed his daily potations; but when he had imbibed a certain dose, the old black raven would again annoy him. As he was a public man, he was often seen, and it was frequently noticed that in the midst of an intellectual discourse he would turn his head abruptly towards the right shoulder, and say, in a half-smothered oath, "Be still; be quiet, will you?"

One day his servant, being asked why he did so, replied, "Why, sir, don't you know that he still thinks his old enemy, the black raven, is pecking at his shoulder; but he is never troubled with this fancy until he is nearly drunk; and," he continued, "it takes a rare quantity of brandy before he is so."

He died in the prime of life, suffering in the most fearful manner, bodily and mentally.

A person of mild and gentlemanly habits when sober, but who was a most inveterate drinker from his youth up, was full of regret at the badness of his career, but yet he continued this suicidal habit. About a year after he had consulted a doctor, he complained of an absolute loss in his smell and taste, and he was strongly urged to abstain from all intoxicating beverages. He made a powerful effort to do so, and partially recovered his lost senses. But real or fancied annoyances caused a relapse, and then he was unable to distinguish the most fragrant from the most foetid substances. And yet, so enslaved had he become to his fatal habit, that he continued to indulge in excess, to use his own apology, "to prevent the irritation he experienced, by stupifying his thoughts." And so he drank until

active disease of the brain developed, and after repeated attacks he died of delirium tremens.

The next case has a moral in it, and might have terminated in a similar way, if the inebriate had not been cut off in his career, rather prematurely, by a most unfortunate accident. He had been a retail druggist of respectability, but was addicted to intemperate habits as a young man, but for some years after his marriage he restrained the strong propensity; yet from some circumstance, unknown to me, he began his old course again and soon became an inveterate drunkard. All his stock and furniture were disposed of to gratify his inordinate craving, and his wife and children were reduced to poverty.

The ravages he committed on himself were written in red and blue blotches on his face and nose, but these were trifling as compared with the absolute loss of both smell and taste, as in the previous case; still he might be seen reeling about the streets whenever he could procure money for drink.

When most degraded in mind and body he was urged, in a moment of sobriety, to take the temperance pledge, and he soon recovered his more natural expression, and a little feeling of renewed respectability returned, but he was still deprived of smell and taste.

A situation was procured for him in the house of a respectable firm of wholesale druggists, in the dry goods department. Yet, with all his past experience, there still lurked a craving for a more potent stimulus than coffee or tea, and so he was easily persuaded to break his pledge.

Every kind of alcoholic beverages were excluded by the firm from their establishment. Yet this salutary

order was evaded, and spirits or porter were procured in medicine bottles. The man had clubbed for some porter, and during the time it was sent for, a bottle of laudanum had been placed on his counter, to be enclosed in a parcel he had to pack. This bottle he mistook for the forbidden porter, and took a hearty draught of it, and immediately recognised by his sensations the fatal mistake. A stomach-pump was instantly procured, and every effort which science or humanity could apply to save him was tried, but all proved useless, and he died within half an hour !

As he had not recovered the sense of taste and smell, and had recommenced his former intemperance, there is but little doubt but that he would have ultimately been carried off by some form of cerebral disease. I state this, for in all cases of excessive indulgence in alcohol that I have seen, in which the senses of taste and smell are deranged either in a small degree, or by total deprivation of the same, it is a clear indication that the brain itself is affected.

Another cause for the degeneration of the human race is the indulgence in opium, or the drug habit, as it is popularly called ; this is very much on the increase in England, and it is one of the most fatal and degrading habits that it is possible to conceive. In China upwards of 3,000,000 Chinese smoke opium, and there has been a gradual increase, I might say an alarming increase, in the amount of opium which has been introduced into this country of late. In one year this was valued at over £400,000. The effect of inhaling or smoking it may be thus described.

The first impression is a feeling of content and slight excitement, manifested by loquacity and in-

voluntary laughter. Sometimes there are fits of anger. Soon the eyes become brilliant, and the respiration and circulation are quickened and excited. At this stage of the nervous exaltation the smoker feels a peculiar comfort, and the temperature is augmented. The impressions are lively, and the imagination wanders into strange illusions. Now we observe a phenomenon frequently remarked in mental alienation. Facts and ideas, long forgotten, present themselves to the mind in all their original freshness. The future appears all bright, and every happiness ever wished for appears realised by the smoker. If he continues smoking, exaltation gives place to depression and utter prostration. The action of the senses is suspended. He hears nothing, he becomes silent, his face becomes pale, his tongue hangs out, a cold sweat inundates the whole body, and insensibility supervenes, often lasting for several hours. The awakening is what might be expected after such a debauch.

One curious thing about the opium habit is that, though it takes hold of an individual so entirely, and degenerates him, and makes him unfit for the duties of life, it is very rarely a cause, *per se*, for the deprivation of reason; and out of the number of admissions into asylums during last year there was not one instance in which the assignable cause was stated, so far as I can trace, to be this habit. The victims to it became allured by its charms, and I myself have seen, in the Chinese quarter of New York, some most beautiful European women, who were unable to leave its precincts, being infatuated by the indulgence in it, hanging out of the various Chinese windows, with lovely, but pale countenances. The majority of opium

smokers, or eaters, except those gifted with an exceptional organisation, are unable to restrain from indulging within the bounds of moderation. The termination is generally fatal and rapid; having passed in quick succession the stages of idleness, debauch, misery, physical ruin, and utter deprivation of moral and intellectual faculties, they die an early death. Nothing can cure such an individual.

It is a well-admitted fact that the action of opium is more pernicious than that of alcohol. The days of an opium eater are numbered from the time of the commencement of the complaint. No smoker of opium attains an advanced age, and their offspring are blanched, miserable, and struck with premature mental decay. Though it is impossible to speak positively as to the ultimate degenerating effect of this habit on our race as I have stated as regards alcohol, nevertheless it cannot be doubted that the same law will apply.

With regard to the part which tobacco plays in the degeneration of the human race, but which among all nations is not only a habit, but a necessity, I have no intention of discussing at length, for it has never been proved that smoking in moderation is in any way injurious. It has been authoritatively stated that a large proportion of persons will either smoke tobacco or opium, and of the two evils the first is preferable. More than fifty years ago one of the leading surgeons in London wrote as follows: "I believe that, if the habit of smoking advances in England as it has done for the last ten years, the English character will lose the prompt combination of energy and solidity that has hitherto distinguished it, and that England will sink in the scale of nations."

I have seen many cases of nervous disorder and mental impairment which are clearly traceable to an excessive and immoderate use of tobacco. A shattered nervous system, premature loss of mental vigour, impaired memory, and mental alienation, are too often the well-defined results of excessive tobacco smoking. In alluding to this subject I would desire to be emphatic in my remarks on cigarette smoking, especially among boys. I think that this is one of the curses of our age, and is responsible for the mental degeneration of our youths.

The abuse of tobacco, intoxicating liquors, and debauchery is a prominent cause for insanity in many a young person; and if it is not directly the cause, it will lay the seeds for that complaint which will ultimately develop in one whose constitution has been thus early injured. It is difficult to estimate exactly what the part played in the degeneracy of the human race by an excessive indulgence in tobacco really may be. It is dangerous ground to trespass upon, but I emphatically state, from my experience, that its frequent use is detrimental in more respects than one, though I am not opposed to moderate smoking of pipes and cigars, but I am to cigarette smoking in its entirety.

There is no doubt but that nicotine is a virulent poison, and it cannot be introduced into the system directly or indirectly without injurious effects being so caused. The physiology of smoking appears to be as follows: The first attempt by the boy, probably at school, is followed by nausea, and often by actual sickness, but the economy soon habituates itself to the practice. If it is fatally injurious to adults who have not reached their development, what must it

therefore be to children? The large amount of saliva secreted interferes seriously with the functions. Young smokers are generally pale and meagre, and the phenomena of nutrition are imperfect. There is alternate excitement and depression of the nervous system, and inflammation of the throat and respiratory passages are common, and when we add to this that the young smoker generally drinks, and passes much of his time in a vitiated atmosphere, we shall not be astonished at the early germs of some complaint.

Experiments were made some time ago, and it was discovered that leeches were killed instantly by the blood of smokers. So suddenly did this take place that they dropped off dead when first applied.

The *Lancet* once expressed its views on smoking: "If the evil ended with the individual who, by the indulgence of the pernicious custom, injures his own health, impairs his faculties of mind and body, he might be left to his enjoyment—his fool's paradise—unmolested. This, however, is not the case. *In no instance is the sin of the father more strikingly visited upon the children than the sin of tobacco smoking.* The enervation, the hypochondriasis, the hysteria, the insanity, the dwarfish deformities, the consumption, the suffering lives and early deaths of children of inveterate smokers bear ample testimony to the feebleness and unsoundness of the constitution transmitted by this pernicious habit."

I think it my duty to thus allude to the effects of immoderate tobacco smoking, and to absolutely condemn cigarette smoking, as being one of the principal causes of nervous debility, consumption, and degeneration, but at the same time to state that the use of

tobacco, *in moderation*, as previously mentioned by me, is upheld by myself, and by others of high scientific attainments and sound judgment, as being not injurious, but beneficial, both hygienically, therapeutically, and psychically.

With regard to the degeneration due to hereditary influence, the transmission of organic disposition has to be considered. It does not follow that because one individual has a certain malady that another person will inherit a like one. A simple nervous complaint existing in the parents may become developed in the children into mania or melancholia, or some other nervous disease. It has been observed that the children of insane parents, often in their infancy have certain nervous anomalies which were sure indications of an ultimate degeneration, unless some proper steps were taken to improve that condition. Of course, in the event of both parents being so afflicted, the risk becomes a grave one, and the inherited curse may be a certainty. Our asylums are full of such descendants, and heredity is considered by the authorities as being one of the primary causes of mental degeneration. Many persons commit crime whose relations are either incarcerated in asylums, or are regarded as irresponsible persons, and taken care of privately. I have known those moving in the very highest classes of society, who have been condemned to the life of a criminal, in whose family existed the terrible germs of mental degeneration, but on whose behalf these facts have not been elicited at the trial in mitigation of punishment. Some people imagine that insanity is a greater disgrace than crime, and therefore would shield their own family from an admission of an existence of lunacy,

rather than allow it to be raised at the issue, and would prefer a criminal in their family to a lunatic. This is monstrously cruel and inhuman, and as soon as all classes of society recognise that insanity is a disease and not a crime, the better and more humane it will be for the world in general, and especially for the afflicted relatives who have to suffer, in consequence of the false pride existing in their families. I have known several instances to which these remarks would apply.

I will give a few cases which show the part heredity plays in their development.

A man, aged twenty-six, fell on his head, but for some time he felt no inconvenience therefrom. Four years later he was seized with melancholia, which was attributed to the fall. Investigation elicited the fact that there were three insane persons in his family.

A lady, aged twenty, made an unhappy union, and suffered much sorrow. Symptoms of insanity rapidly developed and increased. This was attributed by her friends and her medical advisers to her domestic troubles, but facts proved that her mother was insane, and her grandmother also.

A young English girl, living in Paris, was deserted by a young man who had promised her marriage; she became insane; her mind became unhinged, and she took alcohol in excess. This tendency was the result of her morbid condition; she died consumptive, and her mother had died insane.

A lady, aged forty, had gone through a good deal of trouble and care; the death of her husband caused great sorrow as well as great poverty. Epilepsy supervened, followed by great mental derangement. Her

sister was insane, and, besides, many others of her nearest relatives were epileptic.

It is in the individual, and not in the misfortune itself that the insanity must be looked for. I could mention many other cases proving that the mental derangement is internal and personal, and not adventitious, as an exciting cause to predisposition.

The following case is a good illustration of progressive degeneration. A man and woman had a family of six living children, born during the space of twelve years, during which time the gradual degeneration was conclusively traced. The mother, aged fifty-four, developed a goitre when thirty years of age, was emaciated and aged from privation and misery; her intelligence was normal. Her husband was goitrous from birth, and was the sole survivor of his father's family. His father and grandfather were semi-Cretins; his head was flattened posteriorly and very wide in the bilateral diameter; his intellect was feeble. The first of his six living children was a girl aged twenty-six; she was slow in locomotion and intellect, and slightly goitrous; the second, a girl aged twenty-four, had an obtuse intelligence, but her moral sense was very defective; the third, a youth aged twenty-two, presented a still further advance in intellectual and physical decay; his head was badly formed, his figure puffy, and he was below the medium stature. The Cretin temperament was conspicuous in him without the actual form; he was deaf, could not be taught to read or write or perform any useful work; the next, a girl aged seventeen, was born deaf and dumb and was goitrous; her actions were automatic and her disposition sad and irritable. The remaining two, girls

aged sixteen and fifteen, were perfect Cretins. The arrest of their development was irremediable; they could not speak, and scarcely walk, the skin was yellow and flesh swollen; dentition was irregular, and at the age at which I now describe them their first teeth still remained.

There were five children born after this period, all of which happily died.

There seems every reason to believe that in some cases of depravity and crime we ought to take into consideration the probable existence of an hereditary tendency, especially where the crime seems to have been merely the result of organic disease. Such cases are, indeed, generally regarded as manifestations of mental disease where they are characterised by favouring conditions; whilst under other circumstances they fall under the jurisdiction of the law. We may consider insanity as hereditary, where the parents, although not insane, are in a condition commonly known as having "a screw loose," and are distinguished by certain eccentricities of character, by waywardness, and by an inclination to certain passions. A tradesman suffered from a deficiency in the power of will. His father attended to his business with great assiduity, but he had, besides other peculiarities, a crotchet of going every day, at the same hour, to a certain spot in the city, where he turned himself round several times, going there with such punctuality that his appearance could be determined to the minute. A case like this may certainly be regarded as one of partial derangement. There are others, again, in which, under uniform relations, some unusual peculiarity may be manifested, simply as such, and continue for years and years, until,

becoming suddenly connected with a number of other morbid physical conditions, it forms a groundwork for insanity. How far are we justified in regarding as a morbid condition of the nervous system, suicide, crime, and eccentricity existing in the parents, as a ground for the insanity in their children? Statistical reports can only furnish broad and general views of such relations, for, in the manner in which they are drawn up, they do not profess to afford, and, indeed, cannot give any account of particular conditions; but, notwithstanding, they serve as a clue for the solution of the more important practical questions.

The insanity of the children is, moreover, not necessarily hereditary because the father or mother may have been insane, since it may have originated as a primary condition in the children. In order to prove with certainty the hereditary nature of the disease, we require in each individual case an especial proof that the predisposition of the child is similar to that of the parents—an investigation which is only practicable on taking into consideration all the separate circumstances that may have exercised a special influence in each individual case. Further, in order to be able to assert that insanity is hereditary, we ought, at least, to be able to show that it has originated under conditions identical with, or analogous to, those affecting the parents or relatives. To effect this, it would be necessary to have an intimate acquaintance with the condition of the forefathers of those under consideration.

Another method of inquiry seems to me to admit of practical application, and is based upon an attempt to find, in the form, manner, and course in which the

hereditary disease has manifested itself, some connecting links to guide us in our judgment. If strictly defined rules are to be sought for in what I simply venture to consider as indications, we might, perhaps, discover from the case itself, without having any knowledge of its anamnesis, whether or not it could be regarded as hereditary.

Marriage.—As the question of marriage plays an important part with reference to the degeneration of the human race, I will briefly give my views with reference to this matter.

1. I am of opinion that if one of the contracting parties has been of unsound mind that a marriage should be prohibited, except under most exceptional circumstances which might exist.

2. Dipsomaniacs, neurotics, consumptives, and those with any hereditary disease are liable to have insane children, or offspring in other respects unhealthy.

3. If there is hereditary insanity, consider whether the attack came on previous or subsequent to the birth of the person under consideration whose marriage is in contemplation. Find out the cause for the insanity. *This is most important.*

4. If the taint of insanity is but slight on one side, we must then examine into this so far as the other side is concerned. If we find on the other side eccentricities, neurotic tendencies, a history of epilepsy or paralysis, a highly emotional tendency, or any hereditary disease such as consumption or cancer, *the union must be forbidden* without the slightest doubt.

5. Those who have once been insane should

not be allowed to marry. This especially refers to women who, having had one attack, might keep exempt from a second attack, had they not married.

6. The ordinary rule of hereditary transmission is from the parents uninterruptedly to the children, and from them to the grand-children, frequently with an interruption from the grand-children's parents to the grand-children.

Sometimes this taint is communicated through the collateral branches.

As to constitutional taint existing, the following rules, which are laid down by Dr. James Michell Winn, one of the most distinguished psychologists of the old school, are those in universal adoption in England, and though many authorities have used and quoted his views, they have not had the courtesy to acknowledge who originated them.

1. If there be constitutional taint of any kind in either father or mother on both sides of the contracting party, the risk is so great as almost to amount to a certainty that their offspring would inherit some form of disease of a chronic nature.

2. If the constitutional disease is only on one side, either directly or indirectly and collaterally through uncles or aunts, and the contracting parties are both in good bodily health, the risk is diminished one half, and healthy offspring may be the issue of the marriage.

3. If there have been no signs of constitutional disease for a whole generation, we can scarcely consider the risk materially lessened, as it so frequently reappears, after being in abeyance for a whole generation.

4. If two whole generations have escaped any symptoms of hereditary disease, we may fairly hope that the danger has passed, and that the morbid force has expended itself.

In considering these rules no cases arising from accidental causes would naturally be included.

Dr. Winn has stated that the above rules have a wide bearing, not only in regard to insanity, but in *all* hereditary diseases, for, in a treatise he wrote on the *Nature and Treatment of Hereditary Disease*, in 1869, he contended that *all* hereditary diseases were interchangeable—mutually convertible.

Intermarriage of Blood Relations.—The danger is that if there is any latent morbid force in the constitution of either of the parties (both of whom are derived from a common ancestor), which may have been lying dormant for one or more generations, in the event of that union there would be a double probability that the old hereditary disease would reappear in the offspring in some form or other.

If we admit the truism of this solution, then it may be affirmed that provided both individuals be healthy, and there is no tendency to hereditary disease, that therefore two cousins may marry without risk. On this question there is, however, a diversity of opinion. The consideration of consanguineous marriages is an important one, and if imprudently indulged in would probably play a conspicuous part in the degeneration of the human race.

I have endeavoured to place before my readers the most important facts connected with the subject. I have arranged the chapters in what I consider to be their proper sequence, terminating with that on

Degeneration. I have avoided all treatment, for this is not my object in writing this book. The condition and well-being of the insane is a question of vital importance, and it is a great satisfaction to feel that much more interest is now taken in the matter than was some years ago. Had I decided to have discussed the therapeutical, or medical, aspect of the subject, I could have shown that there was a much more judicious, skilful, and humane treatment existing at the present day than formerly, and that the number of recoveries from insanity was in proportion to the degree in which these curative resources have been used. I could also have shown to what extent lunatics are now benefited by the immediate recognition of the early stages of the disease, and by its active treatment.

Those mentally afflicted are not now regarded as wild beasts, or chained like felons to some foul pestilential dungeon, and exhibited to those anxious to gratify their morbid tastes. They are regarded as human beings, fallen from their high estate, and prostrated by a malady worse than death, but at the same time they are amenable to kindness and treatment.

In the old days premonitory symptoms in mental disease were not sufficiently understood, and consequently many cases often became chronic, but at the present day, with the advancement of science, and the exercise of prudence and humanity, things have been mercifully changed. I have avoided all discussion on the subject from a legal sense, from the fact that the law is constantly changing, or threatening to be changed. Many patients who formerly would have been at once incarcerated in lunatic asylums are now taken care of judiciously in private houses ; and it is

to be hoped that when any new Act is passed, the power will be given for at least three patients to be legally certified, and treated in private families under the Commissioners' inspection, instead of being placed, as they are now, among dangerous and chronic lunatics in institutions. At present, one patient alone is allowed to be received into a private house, but the time has come for this to be altered. It is a sacred and responsible duty to administer to the wants of the insane. All that we can do is to try and ameliorate their unhappy condition. With the consciousness that our works are imperfect, we must rely for future happiness upon the goodness and great mercy of God, and not upon our own work or distinctions, whilst the responsibility of the psychologist is ever prominent. It is his bounden duty to use such gifts as he may possess in the conscientious and faithful discharge of his sacred duties, both anxious and solemn, and to him I would address the admonition of William C. Bryant, one of America's most gifted poets, to—

“So live, that when thy summons comes to join
The innumerable caravan, that moves
To that mysterious realm, where each shall take
His chamber in the silent Halls of Death,
Thou go not, like a quarry-slave at night,
Scourged to his dungeon ; but sustained and soothed
By an unfaltering trust, approach thy grave
Like one who wraps the drapery of his couch
About him, and lies down to pleasant dreams.”

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